



U.S. Department  
of Transportation

**National Highway  
Traffic Safety  
Administration**

400 Seventh Street, S.W.  
Washington, D.C. 20590

Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

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**AUTO SAFETY HOTLINE**  
(800) 424-9393  
Wash. D.C. Area 366-0123



## CASE SUMMARY

PSU 09 CASE NO. 003K TYPE OF ACCIDENT Two Car + Rollover

### A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

(Provide a summary of the accident sequence as well as any particular event of the accident that is noteworthy. Injury mechanism and vehicle crashworthiness is the focus, not driver culpability. Do not include any personal identifiers.)

Vehicle one was traveling north on a two lane undivided road, vehicle two was stopped on the north-bound road edge, partially in the road, facing south. The front of vehicle one struck the right side of vehicle two. V1 then rolled over one-half turn, coming to rest in the north-bound lane. Both vehicles were towed due to damage. One occupant of V1 was transported with "B" injuries.

### B. VEHICLE PROFILE(S)

Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage Based on Vehicle Inspection		Component Failure
			Damage Plane	Severity Description	
01	Compact	1984 Pontiac Sunbird 2000	Top	Severe	None
02	Large Pickup	1981 Ford F250 Custom	Right	Moderate	None

DO NOT SANITIZE THIS FORM



# C. PERSON PROFILE(S)

Vehicle No.	Person Role	Seat Position	Restraint Use	Most Severe Injury (TO BE COMPLETED BY ZONE CENTER)			
				Body Region	Injury Type	AIS	Injury Source
01	Driver	L-Front	Lap/Shoulder				
01	Passenger	R-Front	Lap/Shoulder				
01	Passenger	L-Rear	None				
01	Passenger	C-Rear	None				
01	Passenger	R-Rear	None				
02	Passenger	L-Front	None				

## Body Region

Abdomen  
 Ankle—foot  
 Arm (upper)  
 Back-thoracolumbar spine  
 Brain  
 Chest  
 Ears  
 Eye  
 Elbow  
 Face  
 Forearm  
 Head—skull  
 Heart  
 Kidneys  
 Knee  
 Leg (lower)  
 Liver  
 Lower limbs(s) (whole or unknown part)  
 Mouth  
 Neck—cervical spine  
 Nose

Pelvic—hip  
 Pulmonary—lungs  
 Shoulder  
 Spleen  
 Thigh  
 Thyroid, other endocrine gland  
 Upper limb(s) (whole or unknown part)  
 Vertebrae  
 Whole body  
 Wrist—hand

## Injury Type

Abrasion  
 Amputation  
 Avulsion  
 Burn  
 Concussion  
 Contusion  
 Crush  
 Detachment, separation  
 Dislocation

Fracture  
 Fracture and dislocation  
 Laceration  
 Other  
 Perforation, puncture  
 Rupture  
 Sprain  
 Strain  
 Total severance, transection  
 Unknown

## Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

DO NOT SANITIZE THIS FORM

PSU09

1996 Case Summary Form

CASE 003K

TYPE OF ACCIDENT: TWO CAR, ROLLOVER

A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

Vehicle one was traveling north on a two lane undivided road. Vehicle two was stopped on the north-bound road edge, partially in the road, facing south. The front of vehicle one struck the right side of vehicle two. V1 then rolled over one-half turn, coming to rest in the north-bound lane. Both vehicles were towed due to damage. One occupant of V1 was transported with "B" injuries.

01

PSU09

1996 Case Summary Form

CASE 003K

TYPE OF ACCIDENT: TWO CAR, ROLLOVER

B. VEHICLE PROFILE(S)

V e h. No	Class of Vehicle	Year/Make/ Model	Most Severe Damage Based on Vehicle Inspection		
			Damage Plane	Severity Descr.	Component Failure
01	Compact	1984 Pontiac Sunbird	Top	Severe	None
02	Large Pickup	2000 Ford F250 Custom	Right	Moderate	None

PSU09 1996 Case Summary Form  
CASE 003K  
TYPE OF ACCIDENT: TWO CAR, ROLLOVER

C. PERSON PROFILE(S)

Most Severe Injury  
(TO BE COMPLETED BY ZONE CENTER)

V e h. No	Person Role	Seat Positon	Restraint Use	Body Region	Injury Type	A I S	Injury Source
01	Driver	L-Front	Lap/Shldr	NECK	STRAIN	1	IMPACT FORCE
01	Passngr	R-Front	Lap/Shldr	HEAD	LACERATION	1	ROOF SIDE RAIL
01	Passngr	L-Rear	None	BACK	STRAIN	1	IMPACT FORCE
01	Passngr	C-Rear	None	NO INJURIES			
01	Passngr	R-Rear	None	NO INJURIES			
02	Driver	L-Front	None	NO INJURIES			

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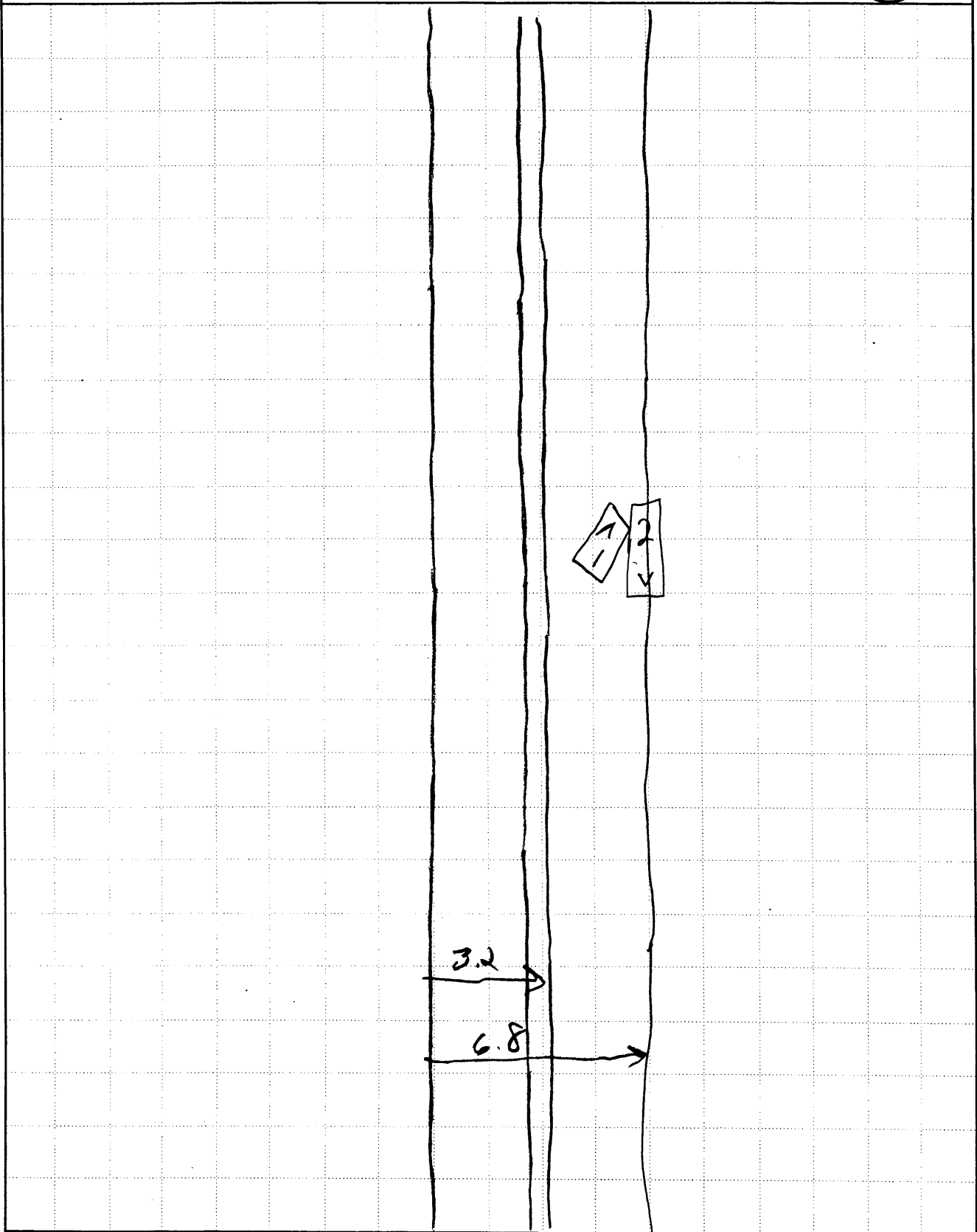
# ACCIDENT COLLISION DIAGRAM

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

PSU No. 09

Case Number—Stratum 003K

Indicate  
North





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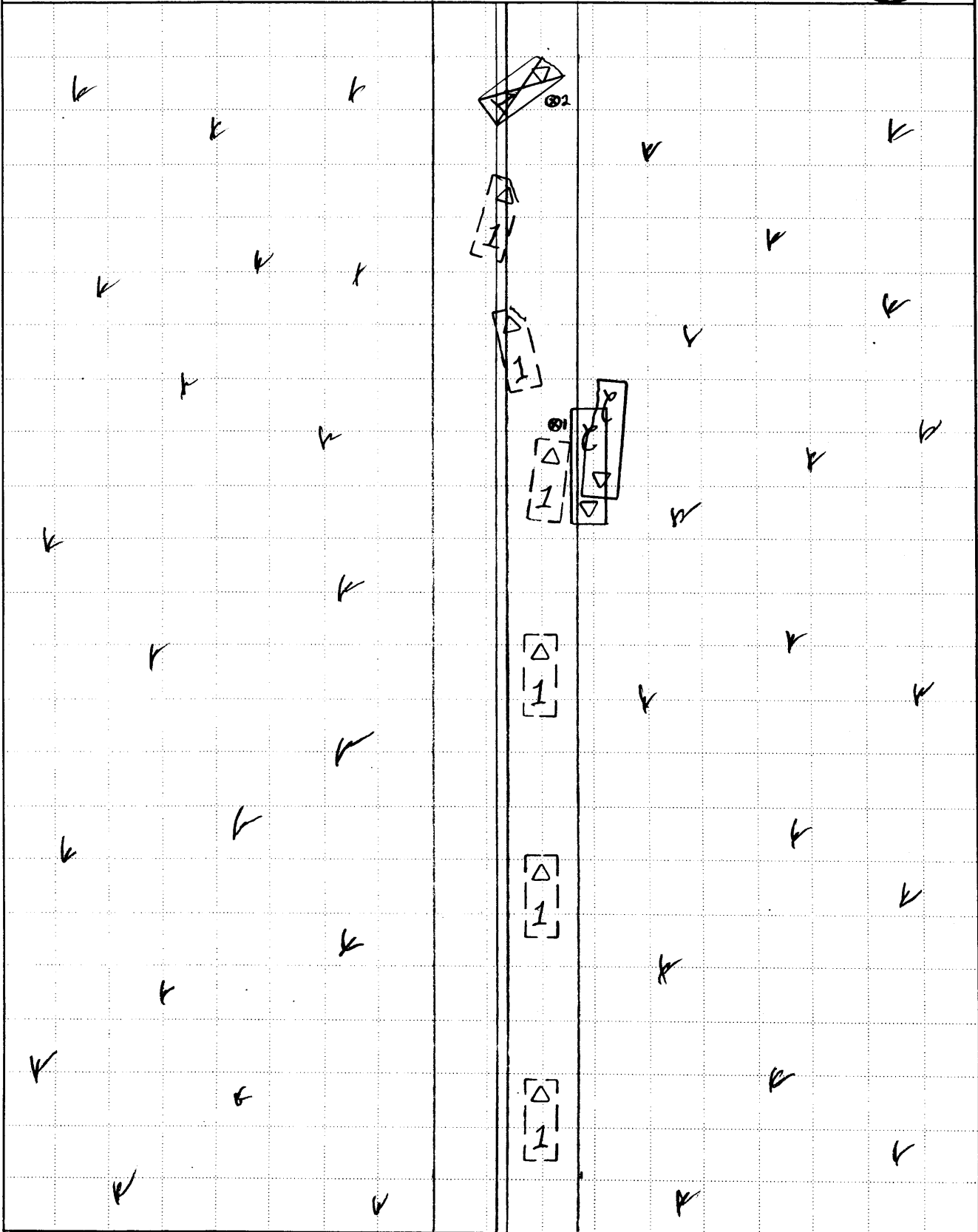
# ACCIDENT COLLISION DIAGRAM

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

PSU No. 09

Case Number—Stratum 003 K

Indicate  
North



## ACCIDENT COLLISION MEASUREMENT TABLE

**NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM**

Primary Sampling Unit Number 09

Case Number—Stratum 003K

## ACCIDENT COLLISION DIAGRAM

Document the physical plant:

- all road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, parked vehicles, poles, signs, etc.)
- all traffic controls (e.g., signs/signals, etc.)
- north arrow placed on diagram
- roadway surface type and condition of applicable roadways
- grade measurements for all applicable roadways and at location of rollover initiation
- roadway curvature (include measurement of precrash superelevation for each vehicle if applicable)

Document vehicle dynamics including:

- reference point and reference line relative to physical features present at the scene
- scaled documentation of all accident induced physical evidence
- scaled documentation of all roadside objects contacted
- scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either:
  - a) physical evidence, or
  - b) reconstructed accident dynamics

## CRASH DATA

	VEH. #1	VEH. #2	VEH. #3
Heading Angle	<u>315°</u>	<u>130°</u>	<u>      </u>
Surface Type	<u>bitum</u>	<u>bitum</u>	<u>      </u>
Surface Condition	<u>dry</u>	<u>dry</u>	<u>      </u>
Coefficient of Friction	<u>—</u>	<u>—</u>	<u>      </u>
Grade (v/h) Measurement (between impact and final rest)	<u>0/61</u>	<u>0/61</u>	<u>      </u>
Grade (v/h) Measurement (at location of rollover initiation)	<u>0/61</u>	<u>N/A</u>	<u>      </u>
Grade (v/h) Measurement (at pre-crash location)	<u>0/61</u>	<u>0/61</u>	<u>      </u>

**Reference Point:** \_\_\_\_\_

Reference line: \_\_\_\_\_

[illegible]

[illegible]





## ACCIDENT FORM

1. Primary Sampling Unit Number 09

2. Case Number - Stratum 003K

### IDENTIFICATION

3. Number of General Vehicle  
Forms Submitted 02

4. Date of Accident  
(Month, Day, Year)      /      / 9 6

5. Time of Accident 2119

Code reported military time of accident.

NOTE: Midnight = 2400  
Unknown = 9999

### SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS15-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6.      SS15 Administrative Use 0

7.      SS16 Pedestrian Crash Data Study 0  
(Data for this special study available  
in a separate file.)

8.      SS17 Impact Fires 0

9.      SS18 Unsafe Driver Actions 0

10.      SS19 Run Off Road 0

### NUMBER OF EVENTS

11. Number of Recorded Events  
in This Accident 02

Code the number of events which occurred  
in this accident.

### ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object in the right columns.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0</u> <u>1</u>	13. <u>01</u>	14. <u>02</u>	15. <u>F</u>	16. <u>02</u>	17. <u>31</u>	18. <u>R</u>
19. <u>0</u> <u>2</u>	20. <u>01</u>	21. <u>02</u>	22. <u>T</u>	23. <u>31</u>	24. <u>00</u>	25. <u>N</u>
26. <u>0</u> <u>3</u>	27. <u>    </u>	28. <u>    </u>	29. <u>    </u>	30. <u>    </u>	31. <u>    </u>	32. <u>    </u>
33. <u>0</u> <u>4</u>	34. <u>    </u>	35. <u>    </u>	36. <u>    </u>	37. <u>    </u>	38. <u>    </u>	39. <u>    </u>
40. <u>0</u> <u>5</u>	41. <u>    </u>	42. <u>    </u>	43. <u>    </u>	44. <u>    </u>	45. <u>    </u>	46. <u>    </u>

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

## CODES FOR CLASS OF VEHICLE

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>(00) Not a motor vehicle</li> <li>(01) Subcompact/mini (wheelbase &lt; 254 cm)</li> <li>(02) Compact (wheelbase ≥ 254 but &lt; 265 cm)</li> <li>(03) Intermediate (wheelbase ≥ 265 but &lt; 278 cm)</li> <li>(04) Full size (wheelbase ≥ 278 but &lt; 291 cm) --</li> <li>(05) Largest (wheelbase ≥ 291 cm)</li> <li>(09) Unknown passenger car size</li> <li>(14) Compact utility vehicle</li> <li>(15) Large utility vehicle (≤ 4,536 kgs GVWR)</li> <li>(16) Utility station wagon (≤ 4,536 kgs GVWR)</li> <li>(19) Unknown utility type</li> <li>(20) Minivan (≤ 4,536 kgs GVWR)</li> <li>(21) Large van (≤ 4,536 kgs GVWR)</li> <li>(24) Van Based school bus (≤ 4,536 kgs GVWR)</li> <li>(28) Other van type (≤ 4,536 kgs GVWR)</li> <li>(29) Unknown van type (≤ 4,536 kgs GVWR)</li> <li>(30) Compact pickup truck (≤ 4,536 kgs GVWR)</li> </ul> | <ul style="list-style-type: none"> <li>(31) Large pickup truck (≤ 4,536 kgs GVWR)</li> <li>(38) Other pickup truck (≤ 4,536 kgs GVWR)</li> <li>(39) Unknown pickup truck type (≤ 4,536 kgs GVWR)</li> <li>(45) Other light truck (≤ 4,536 kgs GVWR)</li> <li>(48) Unknown light truck type (≤ 4,536 kgs GVWR)</li> <li>(49) Unknown light vehicle type</li> <li>(50) School bus (excludes van based)(&gt;4,536 kgs GVWR)</li> <li>(58) Other bus (&gt; 4,536 kgs GVWR)</li> <li>(59) Unknown bus type</li> <li>(60) Truck (&gt; 4,536 kgs GVWR)</li> <li>(67) Tractor without trailer</li> <li>(68) Tractor-trailer(s)</li> <li>(78) Unknown medium/heavy truck type</li> <li>(79) Unknown light/medium/heavy truck type</li> <li>(80) Motored cycle</li> <li>(90) Other vehicle</li> <li>(99) Unknown</li> </ul> |
|---|---|

## CODES FOR GENERAL AREA OF DAMAGE (GAD)

- |  |  |   |   |
|--|--|---|---|
| <b>CDS APPLICABLE<br/>AND OTHER<br/>VEHICLES</b> | <ul style="list-style-type: none"> <li>(O) Not a motor vehicle</li> <li>(N) Noncollision</li> <li>(F) Front</li> </ul> | <ul style="list-style-type: none"> <li>(R) Right side</li> <li>(L) Left side</li> <li>(B) Back</li> </ul> | <ul style="list-style-type: none"> <li>(T) Top</li> <li>(U) Undercarriage</li> <li>(9) Unknown</li> </ul> |
|--|--|---|---|
- 
- |  |  |   |   |
|--|--|---|---|
| <b>TDC<br/>APPLICABLE<br/>VEHICLES</b> | <ul style="list-style-type: none"> <li>(O) Not a motor vehicle</li> <li>(N) Noncollision</li> <li>(F) Front</li> <li>(R) Right side</li> </ul> | <ul style="list-style-type: none"> <li>(L) Left side</li> <li>(B) Back of unit with cargo area<br/>(rear of trailer or straight truck)</li> <li>(D) Back (rear of tractor)</li> </ul> | <ul style="list-style-type: none"> <li>(C) Rear of cab</li> <li>(V) Front of cargo area</li> <li>(T) Top</li> <li>(U) Undercarriage</li> <li>(9) Unknown</li> </ul> |
|--|--|---|---|

## CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

- |   |  |
|---|--|
| <p>(01-30) — Vehicle Number</p> <p>Noncollision</p> <ul style="list-style-type: none"> <li>(31) Overturn — rollover (excludes end-over-end)</li> <li>(32) Rollover — end-over-end</li> <li>(33) Fire or explosion</li> <li>(34) Jackknife</li> <li>(35) Other intraunit damage (specify): _____</li> <li>(36) Noncollision injury _____</li> <li>(38) Other noncollision (specify): _____</li> <li>(39) Noncollision — details unknown _____</li> </ul> <p>Collision With Fixed Object</p> <ul style="list-style-type: none"> <li>(41) Tree (≤ 10 cm in diameter)</li> <li>(42) Tree (&gt; 10 cm in diameter)</li> <li>(43) Shrubbery or bush</li> <li>(44) Embankment</li> <li>(45) Breakaway pole or post (any diameter)</li> </ul> <p>Nonbreakaway Pole or Post</p> <ul style="list-style-type: none"> <li>(50) Pole or post (≤ 10 cm in diameter)</li> <li>(51) Pole or post (&gt; 10 cm but ≤ 30 cm in diameter)</li> <li>(52) Pole or post (&gt; 30 cm in diameter)</li> <li>(53) Pole or post (diameter unknown)</li> <li>(54) Concrete traffic barrier</li> <li>(55) Impact attenuator</li> <li>(56) Other traffic barrier (includes guardrail)<br/>(specify): _____</li> </ul> | <ul style="list-style-type: none"> <li>(57) Fence</li> <li>(58) Wall</li> <li>(59) Building</li> <li>(60) Ditch or culvert</li> <li>(61) Ground</li> <li>(62) Fire hydrant</li> <li>(63) Curb</li> <li>(64) Bridge</li> <li>(68) Other fixed object (specify): _____</li> <li>(69) Unknown fixed object _____</li> </ul> <p>Collision with Nonfixed Object</p> <ul style="list-style-type: none"> <li>(70) Passenger car, light truck, van, or other vehicle not in-transport</li> <li>(71) Medium/heavy truck or bus not in-transport</li> <li>(72) Pedestrian</li> <li>(73) Cyclist or cycle</li> <li>(74) Other nonmotorist or conveyance</li> <li>(75) Vehicle occupant _____</li> <li>(76) Animal</li> <li>(77) Train</li> <li>(78) Trailer, disconnected in transport</li> <li>(79) Object fell from vehicle in-transport</li> <li>(88) Other nonfixed object (specify): _____</li> <li>(89) Unknown nonfixed object _____</li> <li>(98) Other event (specify): _____</li> <li>(99) Unknown event or object _____</li> </ul> |
|---|--|

**PRECRASH ENVIRONMENTAL DATA**

19. Relation To Interchange Or Junction 0  
(0) Non-interchange area and non-junction  
(1) Interchange area related

*Non-Interchange junctions*

- (2) Intersection related  
(3) Driveway, alley access related  
(4) Other junction (specify) \_\_\_\_\_

- (5) Unknown type of junction \_\_\_\_\_

- (9) Unknown

20. Trafficway Flow 0  
(0) Not physically divided (two way traffic)  
(1) Divided trafficway-median strip without positive barrier  
(2) Divided trafficway-median strip with positive barrier  
(3) One way traffic  
(9) Unknown

21. Number Of Travel Lanes 2

- (1) One  
(2) Two  
(3) Three  
(4) Four  
(5) Five  
(6) Six  
(7) Seven or more  
(9) Unknown

22. Roadway Alignment 1

- (1) Straight  
(2) Curve right  
(3) Curve left  
(9) Unknown

23. Roadway Profile 1

- (1) Level  
(2) Uphill grade (> 2%)  
(3) Hill crest  
(4) Downhill grade (> 2%)  
(5) Sag  
(9) Unknown

24. Roadway Surface Type 2

- (1) Concrete  
(2) Bituminous (asphalt)  
(3) Brick or block  
(4) Slag, gravel, or stone  
(5) Dirt  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

25. Roadway Surface Condition 2

- (1) Dry  
(2) Wet  
(3) Snow or slush  
(4) Ice  
(5) Sand, dirt, or oil  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

26. Light Conditions 2

- (1) Daylight  
(2) Dark  
(3) Dark, but lighted  
(4) Dawn  
(5) Dusk  
(9) Unknown

27. Atmospheric Conditions 0

- (0) No adverse atmospheric-related driving conditions  
(1) Rain  
(2) Sleet/hail  
(3) Snow  
(4) Fog  
(5) Rain and fog  
(6) Sleet and fog  
(7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): \_\_\_\_\_  
(9) Unknown

28. Traffic Control Device 0

- (0) No traffic control(s)  
(1) Traffic control signal (not RR crossing)

*Regulatory*

- (2) Stop sign  
(3) Yield sign  
(4) School zone sign  
(5) Other regulatory sign (specify): \_\_\_\_\_

- (6) Warning sign (not RR crossing)  
(7) Unknown sign  
(8) Miscellaneous/other controls including RR controls (specify): \_\_\_\_\_

- (9) Unknown

29. Traffic Control Device Functioning 0

- (0) No traffic control device  
(1) Traffic control device not functioning (specify): \_\_\_\_\_  
(2) Traffic control device functioning properly  
(9) Unknown

PSU, 09-003K

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### OCCUPANT RELATED

37. Driver Presence in Vehicle 1  
 (0) Driver not present  
 (1) Driver present  
 (9) Unknown
38. Number of Occupants This Vehicle 05  
 (00-96) Code actual number of occupants for this vehicle  
 (97) 97 or more  
 (99) Unknown
39. Number of Occupant Forms Submitted 05

### AIR BAG RELATED

40. Is this an AOPS Vehicle? 0  
 (0) No (includes unknown)  
 (1) Yes - researcher determined  
 (2) VIN determined air bag system  
 (3) VIN determined automatic (passive) belts  
 (4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 0  
 (0) Not equipped or not available  
 (1) No air bags deployed  
*Single Air Bag Vehicle*  
 (2) Driver air bag deployed  
 (3) Driver air bag, unknown if deployed  
*Multiple Air Bag Vehicle*  
 (4) Driver side only deployed  
 (5) Passenger side only deployed  
 (6) Driver and passenger side deployed  
 (7) Driver and passenger side unknown if deployed  
 (8) Air bag(s) deployed, details unknown  
 (9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0  
 (0) Not equipped with an "other" air bag  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown
- Specify type of "other" air bag present: \_\_\_\_\_

### VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 1.100  
 Code weight to nearest 10 kilograms.  
 (045) Less than 454 kilograms  
 (612) 6,124 kilograms or more  
 (999) Unknown  
2,431 lbs X .4536 = 1,103 kgs  
 Source: \_\_\_\_\_

44. Vehicle Cargo Weight 0000  
 Code weight to nearest 10 kilograms.  
 (000) Less than 5 kilograms  
 (454) 4,536 kilograms or more  
 (999) Unknown  
 lbs X .4536 = \_\_\_\_\_ kgs  
 Source: Inspection

### ROLLOVER DATA

45. Rollover 02  
 (00) No rollover (no overturning)  
*Rollover (primarily about the longitudinal axis)*  
 (01-16) Code the number of quarter turns  
 (17) Rollover, 17 or more quarter turns (specify): \_\_\_\_\_  
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)  
 (99) Rollover (overturn), details unknown
46. Rollover Initiation Type 03  
 (00) No rollover  
 (01) Trip-over  
 (02) Flip-over  
 (03) Turn-over  
 (04) Climb-over  
 (05) Fall-over  
 (06) Bounce-over  
 (07) Collision with another vehicle  
 (08) Other rollover initiation type specify): \_\_\_\_\_  
 (98) Rollover--end-over-end  
 (99) Unknown rollover initiation type
47. Location of Rollover Initiation 1  
 (0) No rollover  
 (1) On roadway  
 (2) On shoulder--paved  
 (3) On shoulder--unpaved  
 (4) On roadside or divided trafficway median  
 (8) Rollover--end-over-end  
 (9) Unknown
48. Rollover Initiation Object Contacted 31  
 (Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 6  
 (0) No rollover  
 (1) Wheels/tires  
 (2) Side plane  
 (3) End plane  
 (4) Undercarriage  
 (5) Other location on vehicle (specify): \_\_\_\_\_  
 (6) Non-contact rollover forces (specify): Turn over - Fall over  
 (8) Rollover--end-over-end  
 (9) Unknown
50. Direction of Initial Roll 2  
 (0) No rollover  
 (1) Roll right - primarily about the longitudinal axis  
 (2) Roll left - primarily about the longitudinal axis  
 (8) Rollover--end-over-end  
 (9) Unknown roll direction

BEST AVAILABLE

## CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- (00) No rollover
- (01-30) — Vehicle Number

### Noncollision

- (31) Turn-over — fall-over
- (32) No rollover impact initiation (end-over-end)
- (34) Jackknife

### Collision With Fixed Object

- (41) Tree ( $\leq$  10 cm in diameter)
- (42) Tree ( $>$  10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

- (45) Breakaway pole or post (any diameter)

### Nonbreakaway Pole or Post

- (50) Pole or post ( $\leq$  10 cm in diameter)
- (51) Pole or post ( $>$  10 cm but  $\leq$  30 cm in diameter)
- (52) Pole or post ( $>$  30 cm in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)  
(specify): \_\_\_\_\_

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): \_\_\_\_\_

- (69) Unknown fixed object \_\_\_\_\_

### Collision with Nonfixed Object

- (70) Passenger car, light truck, van, or other vehicle not in-transport
- (71) Medium/heavy truck or bus not in-transport
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify): \_\_\_\_\_

- (89) Unknown nonfixed object \_\_\_\_\_

- (98) Other event (specify): \_\_\_\_\_

- (99) Unknown event or object \_\_\_\_\_

## EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM**

ADMINISTRATION		CRASHWORTHINESS DATA SYSTEM	
1. Primary Sampling Unit Number	<u>09</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>003K</u>		

## VEHICLE IDENTIFICATION

VIN 1G2AB6901E7 Model Year 84  
Vehicle Make (specify): Pontiac Vehicle Model (specify): Sunbird 2000

## LOCATOR

Locate the end of the damage with respect to the vehicle's damaged center point or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
01	R/F corner → left	Entire Front Bumper	C6
02	Roll over - Top	Roll over	Top

### CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

**Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.**

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

**Use as many lines/columns as necessary to describe each damage profile.**

[illegible]

## ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>101.2</u>	inches	x 2.54	=	<u>257</u> cm
Overall Length	<u>173.6</u>	inches	x 2.54	=	<u>441</u> cm
Maximum Width	<u>68.6</u>	inches	x 2.54	=	<u>174</u> cm
Curb Weight	<u>2,431</u>	pounds	x .4536	=	<u>1,103</u> kg
Average Track	<u>55.3</u>	inches	x 2.54	=	<u>140</u> cm
Front Overhang	_____	inches	x 2.54	=	_____ cm
Rear Overhang	_____	inches	x 2.54	=	_____ cm
Undeformed End Width	_____	inches	x 2.54	=	_____ cm
Engine Size: cyl./displ.	_____	cc	x .001	=	<u>1.8</u> L
	_____	CID	x .0164	=	_____ L

## VEHICLE DAMAGE SKETCH

## TIRE—WHEEL DAMAGE

- a. Rotation physically restricted      b. Tire deflated

RF	<u>2</u>	RF	<u>1</u>
LF	<u>2</u>	LF	<u>2</u>
RR	<u>2</u>	RR	<u>2</u>
LR	<u>2</u>	LR	<u>2</u>

(1) Yes (2) No (8) NA (9) Unk.

## TYPE OF TRANSMISSION

☐ Manual    ☒ Automatic
END SHIFT  $\geq$  10 CM
☐ Yes    ☒ No

## ORIGINAL SPECIFICATIONS

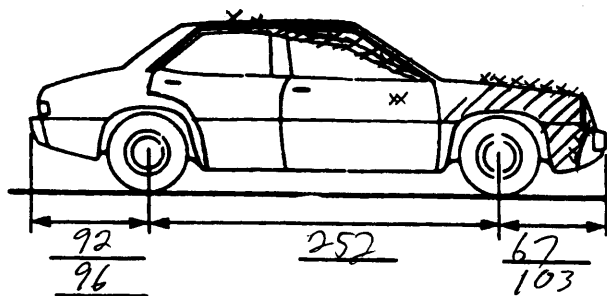
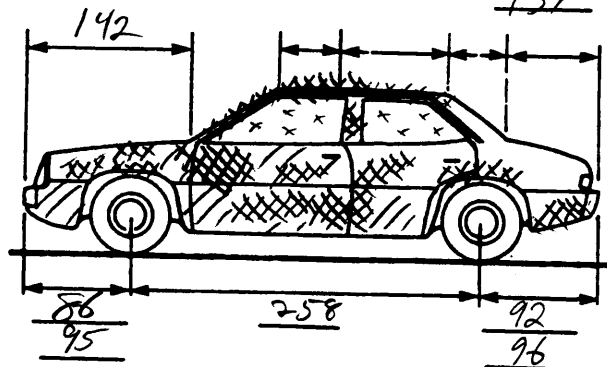
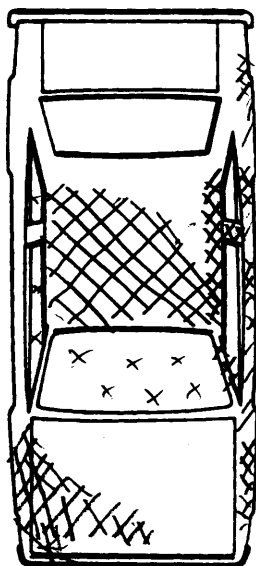
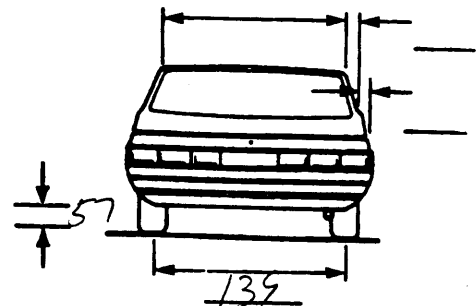
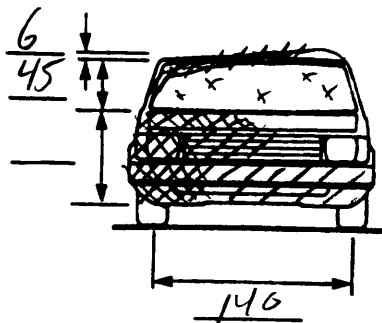
Wheelbase	<u>257</u>	cm
Overall Length	<u>441</u>	cm
Maximum Width	<u>174</u>	cm
Curb Weight	<u>1,103</u>	kg
Average Track	<u>140</u>	cm
Front Overhang		cm
Rear Overhang		cm
Undeformed End Width	<u>151</u>	cm
Engine Size: cyl./displ.	<u>1-8</u>	L

WHEEL STEER ANGLES  
(For locked front wheels or displaced rear axles only)RF  $\pm$   °LF  $\pm$   °RR  $\pm$   °LR  $\pm$   °Within  $\pm$  5 degrees

## DRIVE WHEELS

☒ FWD    ☐ RWD    ☐ 4WD
Approximate Cargo Weight 0 kg

## MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.



## CDC WORKSHEET

## CODES FOR OBJECT CONTACTED

(01-30) — Vehicle Number

### Noncollision

- (31) Overturn — rollover (excludes end-over-end)  
(32) Rollover—end-over-end  
(33) Fire or explosion  
(34) Jackknife  
(35) Other intraunit damage (specify):

- (36) Noncollision injury  
(38) Other noncollision (specify):

- (39) Noncollision – details unknown

### Collision With Fixed Object

- (41) Tree ( $\leq 10$  cm in diameter)  
(42) Tree ( $> 10$  cm in diameter)  
(43) Shrubbery or bush  
(44) Embankment

- (45) Breakaway pole or post (any diameter)

### Nonbreakaway Pole or Post

- (50) Pole or post ( $\leq 10$  cm in diameter)  
 (51) Pole or post ( $> 10$  cm but  $\leq 30$  cm in diameter)  
 (52) Pole or post ( $> 30$  cm in diameter)  
 (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier  
(55) Impact attenuator  
(56) Other traffic barrier (includes guardrail)  
(specify):

- (57) Fence  
(58) Wall  
(59) Building  
(60) Ditch or culvert  
(61) Ground  
(62) Fire hydrant  
(63) Curb  
(64) Bridge  
(68) Other fixed object (specify):

- (69) Unknown fixed object

### Collision with Nonfixed Object

- (70) Passenger car, light truck, van, or other vehicle not in-transport  
(71) Medium/heavy truck or bus not in-transport  
(72) Pedestrian  
(73) Cyclist or cycle  
(74) Other nonmotorist or conveyance

- (75) Vehicle occupant  
(76) Animal  
(77) Train

- (78) Trailer, disconnected in transport  
(79) Object fell from vehicle in-transport  
(88) Other nonfixed object (specify):

- (89) Unknown nonfixed object

- (98) Other event (specify):

- (99) Unknown event or object

## DEFORMATION CLASSIFICATION BY EVENT NUMBER

[illegible]

## COLLISION DEFORMATION CLASSIFICATION

## HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>02</u>	5. <u>31</u>	6. <u>00</u>	7. <u>T</u>	8. <u>Y</u>	9. <u>D</u>	10. <u>0</u>	11. <u>04</u>

NASS CRASH DATA

1st Review: IG

2nd Review:

## Second Highest Delta "V"

12. <u>01</u>	13. <u>02</u>	14. <u>01</u>	15. <u>F</u>	16. <u>R</u>	17. <u>E</u>	18. <u>A</u>	19. <u>01</u>
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## CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

## HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C<sub>1</sub></u>	<u>C<sub>2</sub></u>	<u>C<sub>3</sub></u>	<u>C<sub>4</sub></u>	<u>C<sub>5</sub></u>	<u>C<sub>6</sub></u>	22. <u>±D</u>
							+
							-

## Second Highest Delta "V"

23. <u>L</u>	24. <u>C<sub>1</sub></u>	<u>C<sub>2</sub></u>	<u>C<sub>3</sub></u>	<u>C<sub>4</sub></u>	<u>C<sub>5</sub></u>	<u>C<sub>6</sub></u>	25. <u>±D</u>
<u>151</u>	<u>000</u>	<u>000</u>	<u>000</u>	<u>000</u>	<u>005</u>	<u>021</u>	<u>053</u>

26. Undeformed End Width  
(Coded when highest severity impact is an end plane impact.) 998  
Code to the nearest centimeter  
(250) 250 centimeters or more  
(998) No highest severity end plane impact  
(999) Unknown

27. Direct Damage Width  
(For highest severity impact) 036  
Code to the nearest centimeter  
(250) 250 centimeters or more  
(999) Unknown

28. Original Wheelbase 257  
Code to the nearest centimeter  
(650) 650 centimeters or more  
(999) Unknown  
101.2 inches X 2.54 = 257 centimeters

29. Original Average Track Width 140  
Code to the nearest centimeter  
(185) 185 centimeters or more  
(999) Unknown  
55.3 inches X 2.54 = 140 centimeters

**FUEL SYSTEM**

30. Are CDCs Documented  
but Not Coded on The  
Automated File?

- (0) No  
(1) Yes

31. Researcher's Assessment of Vehicle  
Disposition

- (0) Not towed due to vehicle damage  
(1) Towed due to vehicle damage  
(9) Unknown

32. Is This A Multi-Stage Manufactured Vehicle  
And/Or A Certified Altered Vehicle?

- (0) No post manufacturer modifications  
(1) Yes - post manufacturer modifications  
(specify): \_\_\_\_\_

(Include photograph of CERTIFICATION  
PLACARD in case report)

- (9) Unknown if vehicle is modified

35. Location of Fuel Tank-1 Filler Cap

36. Location of Fuel Tank-2 Filler Cap

- (0) No fuel tank  
(1) On back plane  
(2) Aft of center of the rear wheels (rear axle)  
on left side plane  
(3) Aft of center of the rear wheels (rear axle)  
on right side plane  
(4) Forward of center of the rear wheels (rear  
axle) on left side plane  
(5) Forward of center of the rear wheels (rear  
axle) on right side plane  
(6) Over the center of the rear wheels (rear  
axle) on left side plane  
(7) Over the center of the rear wheels (rear  
axle) on right side plane  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

37. Type of Fuel Tank-1

38. Type of Fuel Tank-2

- (0) No fuel tank (electrical vehicle)  
(1) Metallic  
(2) Non-metallic  
(9) Unknown

39. Location of Fuel Tank-1

40. Location of Fuel Tank-2

- (0) No fuel tank  
(1) Aft of center of the rear wheels (rear axle)  
centered  
(2) Aft of center of the rear wheels (rear axle)  
left side  
(3) Aft of center of the rear wheels (rear axle)  
right side  
(4) Forward of center of the rear wheels (rear  
axle) centered  
(5) Forward of center of the rear wheels (rear  
axle) left side  
(6) Forward of center of the rear wheels (rear  
axle) right side  
(7) Over center of the rear wheels (rear axle)  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

41. Damage to Fuel Tank-1

42. Damage to Fuel Tank-2

- (0) No fuel tank  
(1) No damage to fuel tank  
(2) Deformed, no seam failure  
(3) Deformed, with a seam failure  
(4) Punctured  
(5) Lacerated (ripped)  
(6) Abraded (scraped)  
(7) Filler neck separation from the fuel tank  
(8) Other damage (specify): \_\_\_\_\_  
(9) Unknown

**FIRE OCCURRENCE**

33. Fire Occurrence

- (0) No fire

Yes, fire occurred

- (1) Minor  
(2) Major  
(9) Unknown

34. Origin of Fire

- (0) No fire  
(1) Vehicle exterior (front, side, back, top)  
(2) Exhaust system  
(3) Fuel tank (and other fuel retention  
system parts)  
(4) Engine compartment  
(5) Cargo/trunk compartment  
(6) Instrument panel  
(7) Passenger compartment area  
(8) Other location (specify): \_\_\_\_\_

- (9) Unknown

<p>43. Leakage Location of Fuel System-1 <span style="float: right;"><u>1</u></span></p> <p>44. Leakage Location of Fuel System-2 <span style="float: right;"><u>0</u></span></p> <p style="margin-left: 20px;">(0) No fuel tank (1) No fuel leakage</p> <p><i>Primary Area Of Leakage</i></p> <p style="margin-left: 20px;">(2) Tank (3) Filler neck (4) Cap (5) Lines/pump/filter (6) Vent/emission recovery (8) Other (specify): _____ (9) Unknown</p> <p>45. Fuel Type-1 <span style="float: right;"><u>01</u></span></p> <p>46. Fuel Type-2 <span style="float: right;"><u>00</u></span></p> <p><i>Single Fuel Type</i></p> <p style="margin-left: 20px;">(00) No fuel tank (01) Gasoline (02) Diesel (03) CNG (Compressed Natural Gas) (04) LPG (Liquid Petroleum Gas) also known as Propane (05) LNG (Liquid Natural Gas) (06) Methanol (M100 or M85) (07) Ethanol (E100 or E85) (08) Other (Hydrogen or others) (specify): _____</p> <p><i>Electric Powered or Electric/Solar Powered Vehicles</i></p> <p style="margin-left: 20px;">(10) Lead Acid Battery (11) Nickel-Iron Battery (12) Nickel-Cadmium Battery (13) Sodium Metal Chloride Battery (14) Sodium Sulfur Battery (18) Other (Specify): _____</p> <p style="margin-left: 20px;">(98) Other Hybrid (specify): _____</p> <p style="margin-left: 20px;">(99) Unknown fuel type</p>	<p>47. Is This Vehicle Equipped With More Than Two Fuel Tanks? <span style="float: right;"><u>0</u></span></p> <p style="margin-left: 20px;">(0) No (one or two tanks only)</p> <p><i>Yes - More Than Two Tanks</i></p> <p style="margin-left: 20px;">(1) Yes -- <u>no damage</u> to any tank or filler cap and <u>no fuel system leakage</u> (2) Yes -- <u>no damage</u> to any tank or filler cap but <u>there is fuel system leakage</u> (specify leakage location): _____ (3) Yes -- <u>damage</u> to an additional tank or filler cap and <u>there is fuel system leakage</u> (specify the following): Type of tank _____ Tank location _____ Filler cap location _____ Tank damage _____ Location of leakage _____ Type of fuel _____ (9) Unknown if more than two tanks</p> <div style="border: 1px solid black; height: 150px; margin-top: 10px; padding: 5px;"><p style="text-align: center; margin-top: 0;"><b>COMMENTS</b></p></div>
<p>*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***</p> <p>(GV10=0)</p> <p>DO NOT COMPLETE THE INTERIOR VEHICLE FORM.</p>	



# INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number 09

2. Case Number - Stratum 003K

3. Vehicle Number 01

## INTEGRITY

4. Passenger Compartment Integrity 12

(00) No integrity loss

Yes, Integrity Was Lost Through

- (01) Windshield
- (02) Door (side)
- (03) Door/hatch (back door)
- (04) Roof
- (05) Roof glass
- (06) Side window
- (07) Rear window (backlight)
- (08) Roof and roof glass
- (09) Windshield and door (side)
- (10) Windshield and roof
- (11) Side and rear window (side window and backlight)
- (12) Windshield and side window
- (13) Door and side window
- (98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 3 6. RF 3 7. LR 1 8. RR 3 9. TG/H 0

- (0) No door/gate/hatch
- (1) Door/gate/hatch remained closed and operational
- (2) Door/gate/hatch came open during collision
- (3) Door/gate/hatch jammed shut
- (8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 \* 2, Then code Ø

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

- (0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

- (1) Door operational (no damage)
- (2) Latch/striker failure due to damage
- (3) Hinge failure due to damage
- (4) Door structure failure due to damage
- (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
- (6) Latch/striker and hinge failure due to damage
- (8) Other failure (specify):

(9) Unknown

## GLAZING

Type of Window/Windshield Glazing

15. WS 1 16. LF 2 17. RF 2 18. LR 2 19. RR 2  
20. BL 2 21. Roof 0 22. Other 2

- (0) No glazing
- (1) AS-1 - Laminated
- (2) AS-2 - Tempered
- (3) AS-3 - Tempered-tinted (original)
- (4) AS-2 - Tempered-with after market tint
- (5) AS-3 - Tempered-tinted (with additional after market tint)
- (6) AS-14 - Glass/Plastic
- (7) Glazing removed prior to accident
- (8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 2 25. RF 2 26. LR 2 27. RR 2  
28. BL 1 29. Roof 0 30. Other 1

- (0) No glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (7) Glazing removed prior to accident
- (9) Unknown

Glazing Damage from Impact Forces

31. WS 3 32. LF 1 33. RF 6 34. LR 1 35. RR 6  
36. BL 1 37. Roof 0 38. Other 1

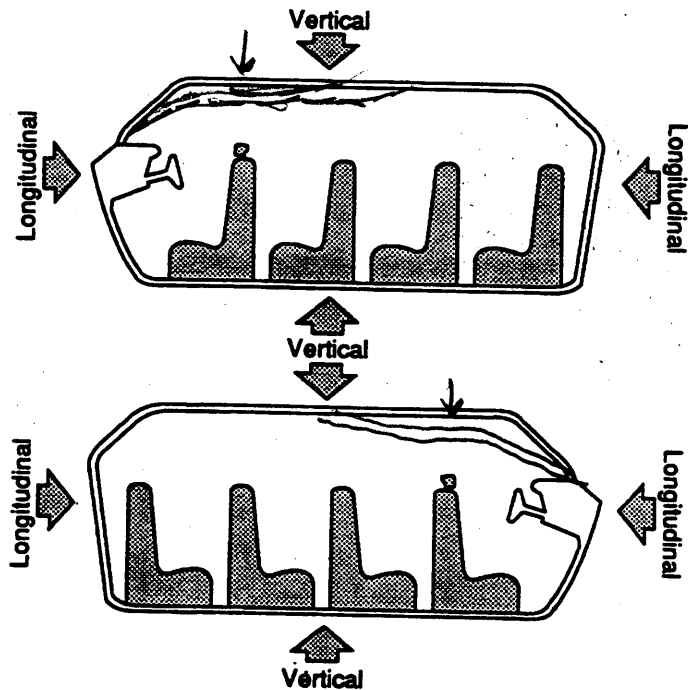
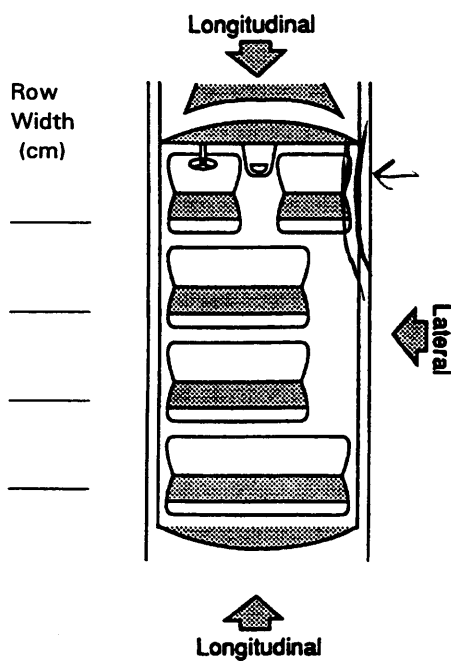
- (0) No glazing
- (1) No glazing damage from impact forces
- (2) Glazing in place and cracked from impact forces
- (3) Glazing in place and holed from impact forces
- (4) Glazing out-of-place (cracked or not) and not holed from impact forces
- (5) Glazing out-of-place and holed from impact forces
- (6) Glazing disintegrated from impact forces
- (7) Glazing removed prior to accident
- (9) Unknown if damaged

Glazing Damage from Occupant Contact

39. WS 1 40. LF 1 41. RF X9 42. LR 1 43. RR 1  
44. BL 1 45. Roof 0 46. Other 1

- (0) No glazing
- (1) No occupant contact to glazing
- (2) Glazing contacted by occupant but no glazing damage
- (3) Glazing in place and cracked by occupant contact
- (4) Glazing in place and holed by occupant contact
- (5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
- (6) Glazing out-of-place by occupant contact and holed by occupant contact
- (7) Glazing removed prior to accident
- (8) Glazing disintegrated by occupant contact
- (9) Unknown if contacted by occupant

## INTRUSION WORKSHEET

**NOTE: SKETCH INTRUDED AREAS**

LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)				DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	—	INTRUDED VALUE	= INTRUSION	
11	13 Roof	82	—	78	= 4	1
13	13 "	82	—	67	= 15	1
22	13 "	84	—	82	= 2	1
23	13 "	84	—	75	= 9	1
11	16 w/s header	71	—	66	= 5	1
13	16 "	71	—	61	= 10	1
11	15 windshield	53	—	48	= 5	2
13	15 "	53	—	48	= 5	2
13	06 A pillar	41	—	31	= 10	1
13	14 Roof Side Rail	41	—	33	= 8	1
13	07 B Pillar		—		= 8	3
23	14 Roof Side Rail	41	—	40	= 1	1
13	06 A pillar	53	—	50	= 3	3
13	14 Roof Side Rail	49	—	49	= 0	3
			—		=	

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>13</u>	48. <u>13</u>	49. <u>3</u>	50. <u>1</u>
2nd	51. <u>13</u>	52. <u>16</u>	53. <u>2</u>	54. <u>1</u>
3rd	55. <u>13</u>	56. <u>06</u>	57. <u>2</u>	58. <u>1</u>
4th	59. <u>23</u>	60. <u>13</u>	61. <u>2</u>	62. <u>1</u>
5th	63. <u>13</u>	64. <u>14</u>	65. <u>2</u>	66. <u>1</u>
6th	67. <u>13</u>	68. <u>07</u>	69. <u>2</u>	70. <u>3</u>
7th	71. <u>11</u>	72. <u>16</u>	73. <u>1</u>	74. <u>1</u>
8th	75. <u>11</u>	76. <u>15</u>	77. <u>1</u>	78. <u>2</u>
9th	79. <u>13</u>	80. <u>15</u>	81. <u>1</u>	82. <u>2</u>
10th	83. <u>11</u>	84. <u>13</u>	85. <u>1</u>	86. <u>1</u>

LOCATION OF INTRUSION

- Front Seat  
(11) Left  
(12) Middle  
(13) Right

Fourth Seat  
(41) Left  
(42) Middle  
(43) Right
- Second Seat  
(21) Left  
(22) Middle  
(23) Right

(97) Catastrophic  
(98) Other enclosed area (specify)  
(99) Unknown
- Third Seat  
(31) Left  
(32) Middle  
(33) Right

INTRUDING COMPONENT

- Interior Components*
- (01) Steering assembly
  - (02) Instrument panel left
  - (03) Instrument panel center
  - (04) Instrument panel right
  - (05) Toe pan
  - (06) A (A1/A2)-pillar
  - (07) B-pillar
  - (08) C-pillar
  - (09) D-pillar
  - (10) Side panel - forward of the A1/A2-pillar
  - (11) Door panel (side)
  - (12) Side panel - rear of the B-pillar
  - (13) Roof (or convertible top)
  - (14) Roof side rail
  - (15) Windshield
  - (16) Windshield header
  - (17) Window frame
  - (18) Floor pan (includes sill)
  - (19) Backlight header
  - (20) Front seat back
  - (21) Second seat back
  - (22) Third seat back
  - (23) Fourth seat back
  - (24) Fifth seat back
  - (25) Seat cushion
  - (26) Back door/panel (e.g., tailgate)
  - (27) Other interior component (specify):

*Exterior Components*

- (30) Hood
- (31) Outside surface of this vehicle (specify):
- (32) Other exterior object in the environment (specify):
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify):
- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

**STEERING RIM/SPOKE DEFORMATION**

(All Measurements Are in Centimeters)

COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
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## STEERING COLUMN

## INSTRUMENT PANEL

87. Steering Column Type

- (1) Fixed column  
(2) Tilt column  
(3) Telescoping column  
(4) Tilt and telescoping column  
(8) Other column type (specify): \_\_\_\_\_

(9) Unknown

88. Tilt Steering Column Adjustment

- (0) No tilt steering column  
(1) Full up  
(2) Between full up and center  
(3) Center  
(4) Between center and full down  
(5) Full down  
(9) Unknown

89. Telescoping Steering Column Adjustment

- (0) No telescoping steering column  
(1) Full back  
(2) Between full back and midpoint  
(3) Midpoint  
(4) Between midpoint and full forward  
(5) Full forward  
(9) Unknown

90. Steering Rim/Spoke Deformation

- Code actual measured deformation to the nearest centimeter  
(00) No steering rim deformation  
(01-14) Actual measured value in centimeters  
(15) 15 centimeters or more  
(98) Observed deformation cannot be measured  
(99) Unknown

91. Location of Steering Rim/Spoke Deformation

- (00) No steering rim deformation

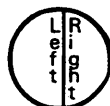
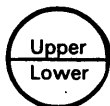
## Quarter Sections

- (01) Section A  
(02) Section B  
(03) Section C  
(04) Section D



## Half Sections

- (05) Upper half of rim/spoke  
(06) Lower half of rim/spoke  
(07) Left half of rim/spoke  
(08) Right half of rim/spoke



- (09) Complete steering wheel collapse  
(10) Undetermined location  
(99) Unknown

92. Odometer Reading

\_\_\_\_\_ kilometers

Code to the nearest 1,000 kilometers

- (000) No odometer  
(001) Less than 1,500 kilometers  
(500) 499,500 kilometers or more  
(999) Unknown

66,293 miles X 1.6093 = 106,685 kilometersSource: Dash Odometer

93. Instrument Panel Damage from Occupant Contact?

- (0) No  
(1) Yes  
(9) Unknown

94. Type of Knee Bolster Covering

- (0) No knee bolster  
(1) Padded  
(2) Rigid plastic  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

95. Knee Bolsters Deformed from Occupant Contact?

- (0) No knee bolster  
(1) No deformation  
(2) Yes - deformation  
(9) Unknown

96. Did Glove Compartment Door Open During Collision(s)?

- (0) No glove compartment door  
(1) No - door did not open  
(2) Yes - door opened  
(9) Unknown

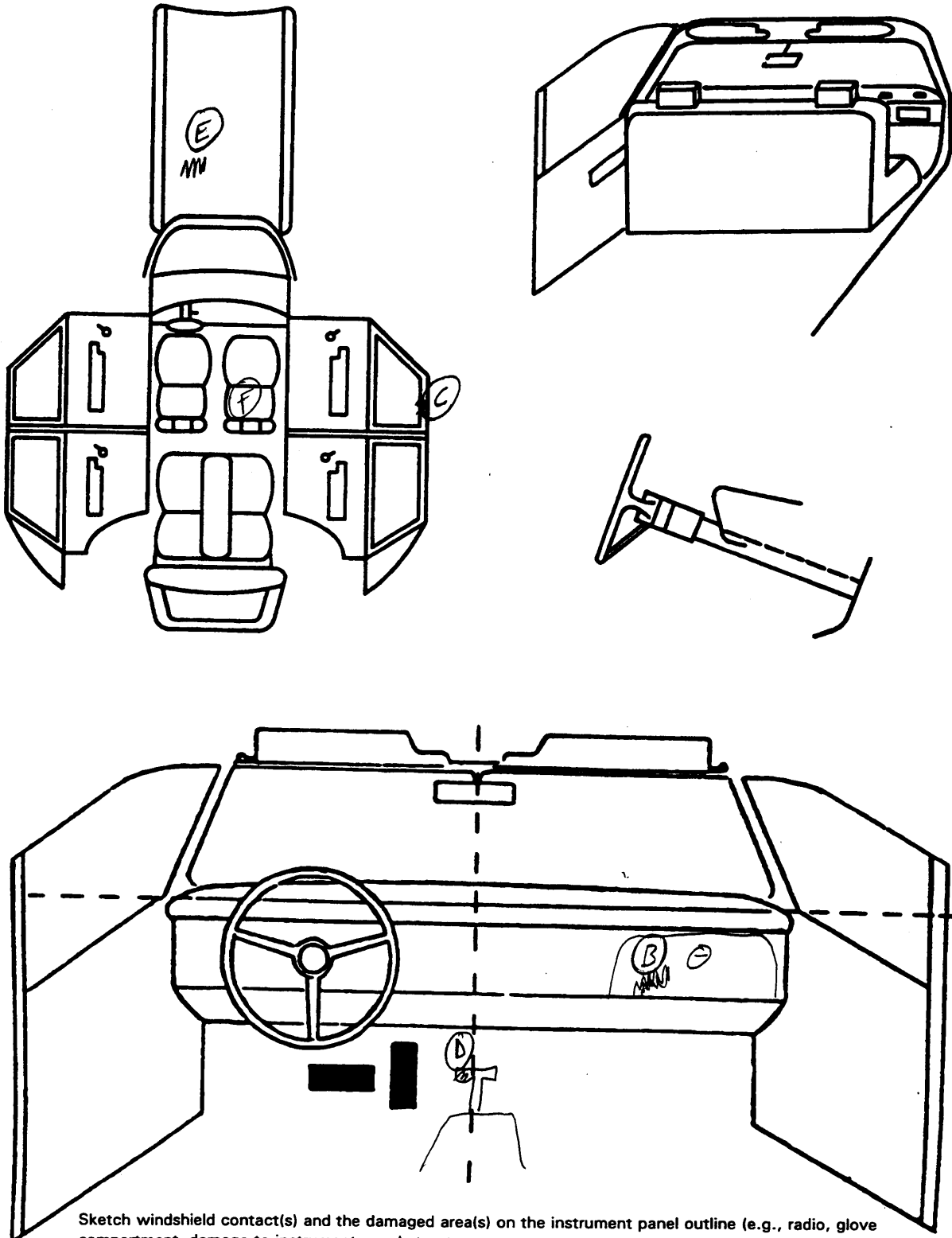
97. Adaptive (Assistive) Driving Equipment

- (0) No adaptive driving equipment  
(1) Adaptive driving equipment installed (Check all that apply.)  
[ ] Hand controls for braking/acceleration  
[ ] Steering control devices (attached to OEM steering wheel)  
[ ] Steering knob attached to steering wheel  
[ ] Low effort power steering (unit or device)  
[ ] Replacement steering wheel (i.e., reduced diameter)  
[ ] Joy-stick steering controls  
[ ] Wheelchair tie-downs  
[ ] Modification to seat belts (specify): \_\_\_\_\_  
[ ] Additional or relocated switches (specify): \_\_\_\_\_  
[ ] Raised roof  
[ ] Wall-mounted head rest (used behind wheelchair)  
[ ] Other adaptive device (specify): \_\_\_\_\_

(9) Unknown

## VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

## POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	<del>151</del>	<del>05</del>	<del>Face</del>	<del>Seatback trapped occupant 05</del>	<del>1</del>
B	013	02	knives	Scuffs on glove box	2
C	204	02	head	Hair caught in side rail	1
D	252	02	L-knee	Scuff on gear shifter	2
E	205	01	Hand	Scuff on root fabric	2
F	151	02	buckle	R/F seat pushed down	1
G					
H					
I					
J					
K					
L					
M					
N					

## FRONT

- (001) Windshield  
 (002) Mirror  
 (003) Sunvisor  
 (004) Steering wheel rim  
 (005) Steering wheel hub/spoke  
 (006) Steering wheel (combination of codes 004 and 005)  
 (007) Steering column, transmission selector lever, other attachment  
 (008) Cellular telephone or CB radio  
 (009) Add on equipment (e.g., tapedeck, air conditioner)  
 (010) Left instrument panel and below  
 (011) Center instrument panel and below  
 (012) Right instrument panel and below  
 (013) Glove compartment door  
 (014) Knee bolster  
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)  
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)  
 (017) Windshield reinforced by exterior object, (specify):  
 (019) Other front object (specify):

## CODES FOR INTERIOR COMPONENTS

## LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests  
 (052) Left side hardware or armrest  
 (053) Left A (A1/A2)-pillar  
 (054) Left B-pillar  
 (055) Other left pillar (specify):  
 (056) Left side window glass  
 (057) Left side window frame  
 (058) Left side window sill  
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.  
 (060) Other left side object (specify):

## RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests  
 (102) Right side hardware or armrest  
 (103) Right A (A1/A2)-pillar  
 (104) Right B-pillar  
 (105) Other right pillar (specify):  
 (106) Right side window glass  
 (107) Right side window frame  
 (108) Right side window sill  
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.  
 (110) Other right side object (specify):

## INTERIOR

- (151) Seat, back support  
 (152) Belt restraint webbing/buckle  
 (153) Belt restraint B-pillar or door frame attachment point  
 (154) Other restraint system component (specify):  
 (155) Head restraint system  
 (160) Other occupants (specify):  
 (161) Interior loose objects  
 (162) Child safety seat (specify):  
 (163) Other interior object (specify):

## AIR BAG

- (170) Air bag-driver side  
 (175) Air bag compartment cover-driver side  
 (180) Air bag-passenger side  
 (185) Air bag compartment cover-passenger side  
 (190) Other air bag (specify)  
 (195) Other air bag compartment cover (specify)

## ROOF

- (201) Front header  
 (202) Rear header  
 (203) Roof left side rail  
 (204) Roof right side rail  
 (205) Roof or convertible top

## FLOOR

- (251) Floor (including toe pan)  
 (252) Floor or console mounted transmission lever, including console  
 (253) Parking brake handle  
 (254) Foot controls including parking brake

## REAR

- (301) Backlight (rear window)  
 (302) Backlight storage rack, door, etc.  
 (303) Other rear object (specify):

## ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration  
 (402) Steering control devices (attached to OEM steering wheel)  
 (403) Steering knob attached to steering wheel  
 (405) Replacement steering wheel (i.e., reduced diameter)  
 (406) Joy stick steering controls  
 (407) Wheelchair tie-downs  
 (408) Modification to seat belts, (specify):  
 (409) Additional or relocated switches, (specify):  
 (410) Raised roof  
 (411) Wall mounted head rest (used behind wheel chair)  
 (412) Other adaptive device (specify):

## CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain  
 (2) Probable  
 (3) Possible  
 (9) Unknown

# MANUAL RESTRAINTS

**NOTES:** Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a child safety seat is present, encode the data on the back of this page 11.

If the vehicle has automatic restraints available, encode the appropriate data on page 6.

		Left	Center	Right
FIRST	A-Availability	4	/	4
	B-Evidence of usage	04		04
	C-Used in this crash?	04		04
	D-Proper Use	1		1
	E-Failure Modes	1		1
	F-Anchorage Adjustment	1		1
SECOND	A-Availability	3	3	3
	B-Evidence of usage	03	03	03
	C-Used in this crash?	00	00	00
	D-Proper Use	0	0	0
	E-Failure Modes	0	0	0
	F-Anchorage Adjustment	0	0	0
OTHER	A-Availability	/	/	/
	B-Evidence of usage			
	C-Used in this crash?			
	D-Proper Use			
	E-Failure Modes			
	F-Anchorage Adjustment			

## A-Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

### Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

## B/C-Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify):
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

## D-Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

### Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify):
- (9) Unknown

## E-Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

## F-Shoulder Belt Upper Anchorage Adjustment

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

### Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

**AUTOMATIC RESTRAINTS**

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

**AIR BAGS**

		Frontal Air Bags--Left Front	Frontal Air Bags--Right Front	Other Air Bag
F I R S T	Availability/Function			
	Deployment			
	Failure			

**Air Bag System Availability/Function**

- (0) Not equipped/not available  
(1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify):  
  
(3) Air bag not reinstalled  
(9) Unknown

**Air Bag System Deployment  
(This Occupant Position)**

- (0) Not equipped/not available  
(1) Deployed during accident (as a result of impact)  
(2) Deployed inadvertently just prior to accident  
(3) Deployed, accident sequence undetermined  
(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
(5) Unknown if deployed  
(7) Nondeployed  
(9) Unknown

**Are There Indications of Air Bag****System Failure? (This Occupant Position)**

- (0) Not equipped/not available  
(1) No  
(2) Yes (specify):  
  
(9) Unknown

**AUTOMATIC BELTS**

		Left	Right
F I R S T	A-Availability/Function		
	B-Use		
	C-Type		
	D-Proper Use		
	E-Failure Modes		

**A-Automatic (Passive) Belt System  
Availability/Function**

- (0) Not equipped/not available  
(1) 2 point automatic belts  
(2) 3 point automatic belts  
(3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative  
(9) Unknown

**B-Automatic (Passive) Belt System Use**

- (0) Not equipped/not available/destroyed or rendered inoperative  
(1) Automatic belt in use  
(2) Automatic belt not in use (manually disconnected, motorized track inoperative)  
(3) Automatic belt use unknown  
(9) Unknown

**C-Automatic (Passive) Belt System Type**

- (0) Not equipped/not available  
(1) Non-motorized system  
(2) Motorized system  
(9) Unknown

**D-Proper Use of Automatic (Passive) Belt  
System**

- (0) Not equipped/not available/not used  
(1) Automatic belt used properly  
(2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm  
(4) Automatic shoulder belt worn behind back  
(5) Automatic belt worn around more than one person  
(6) Lap portion of automatic belt worn on abdomen  
(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):  
  
(8) Other improper use of automatic belt system (specify):  
  
(9) Unknown

**E-Automatic (Passive) Belt Failure Modes  
During Accident**

- (0) Not equipped/not available/not in use  
(1) No automatic belt failure(s)  
(2) Torn webbing (stretched webbing not included)  
(3) Broken buckle or latchplate  
(4) Upper anchorage separated  
(5) Other anchorage separated (specify):  
  
(6) Broken retractor  
(7) Combination of above (specify):  
(8) Other automatic belt failure (specify):  
  
(9) Unknown

# FIRST SEAT FRONTAL AIR BAGS

**NOTES:** Encode the applicable data *for the driver and first seat passenger* in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
A-Type of air bag?		
B-Flaps open at tear points?		
C-Flaps damaged?		
D-Air bag damaged?		
E-Source of air bag damage		
F-Air bag tethered?		
G-Air bag have vent ports?		
H-Other occupant contact air bag?		
I-Occupant wearing eyewear?		

## A-Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

## B-Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## C-Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## D-Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

### Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):

## E-Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):
- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

## F-Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps):
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## G-Did The Air Bag Have Vent Ports?

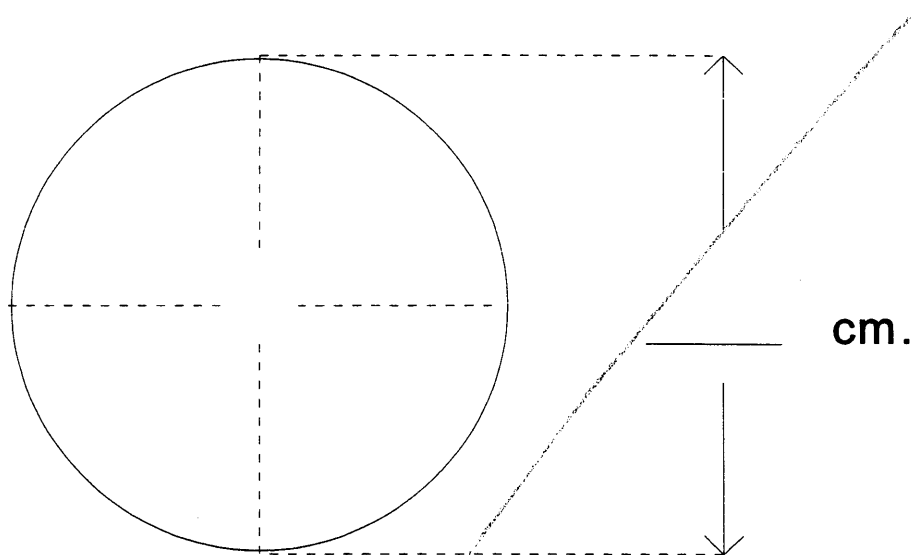
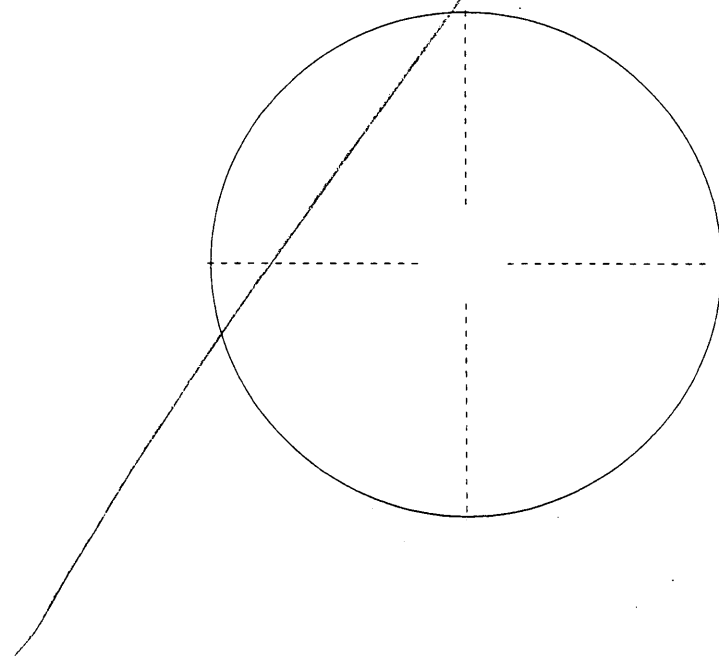
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports):
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## H-Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## I-Was This Occupant Wearing Eye-wear?

- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

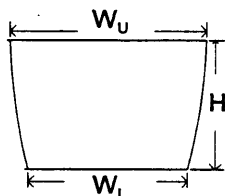
**DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES****1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)****2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)**

## DRIVER AIR BAG SKETCHES (Cont'd)

## 3. DRIVER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width ( $W_U$ ) \_\_\_\_\_ width ( $W_L$ ) \_\_\_\_\_

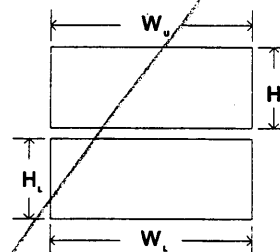
height (H) \_\_\_\_\_



## 4. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

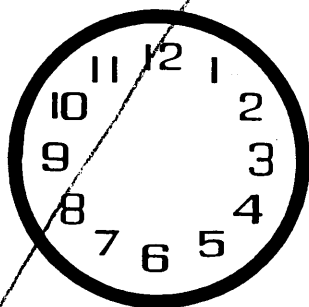
b. Lower Flap

width ( $W_U$ ) \_\_\_\_\_ width ( $W_L$ ) \_\_\_\_\_height ( $H_U$ ) \_\_\_\_\_ height ( $H_L$ ) \_\_\_\_\_

## 5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

## 6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

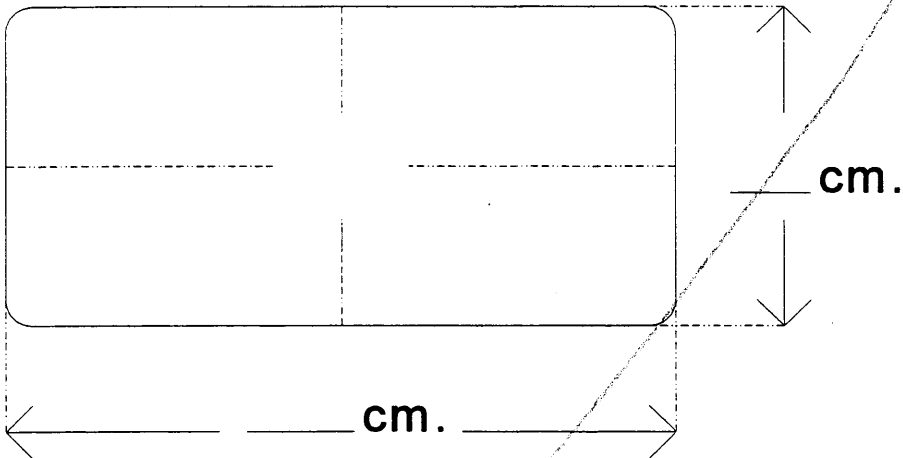
## 7. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS



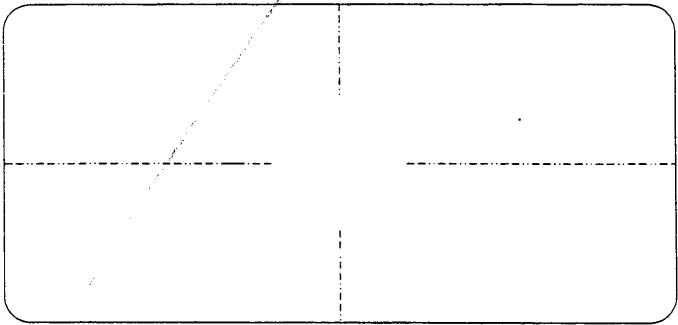


PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)

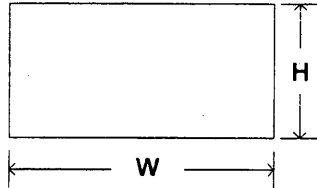


## PASSENGER AIR BAG SKETCHES (Cont'd)

### 3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W) \_\_\_\_\_

height (H) \_\_\_\_\_



### 4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

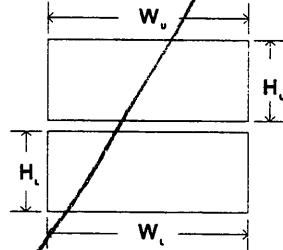
b. Lower Flap

width ( $W_u$ ) \_\_\_\_\_

width ( $W_l$ ) \_\_\_\_\_

height ( $H_u$ ) \_\_\_\_\_

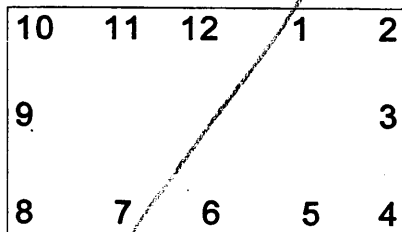
height ( $H_l$ ) \_\_\_\_\_



### 5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

### 6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

### 7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



**"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES**

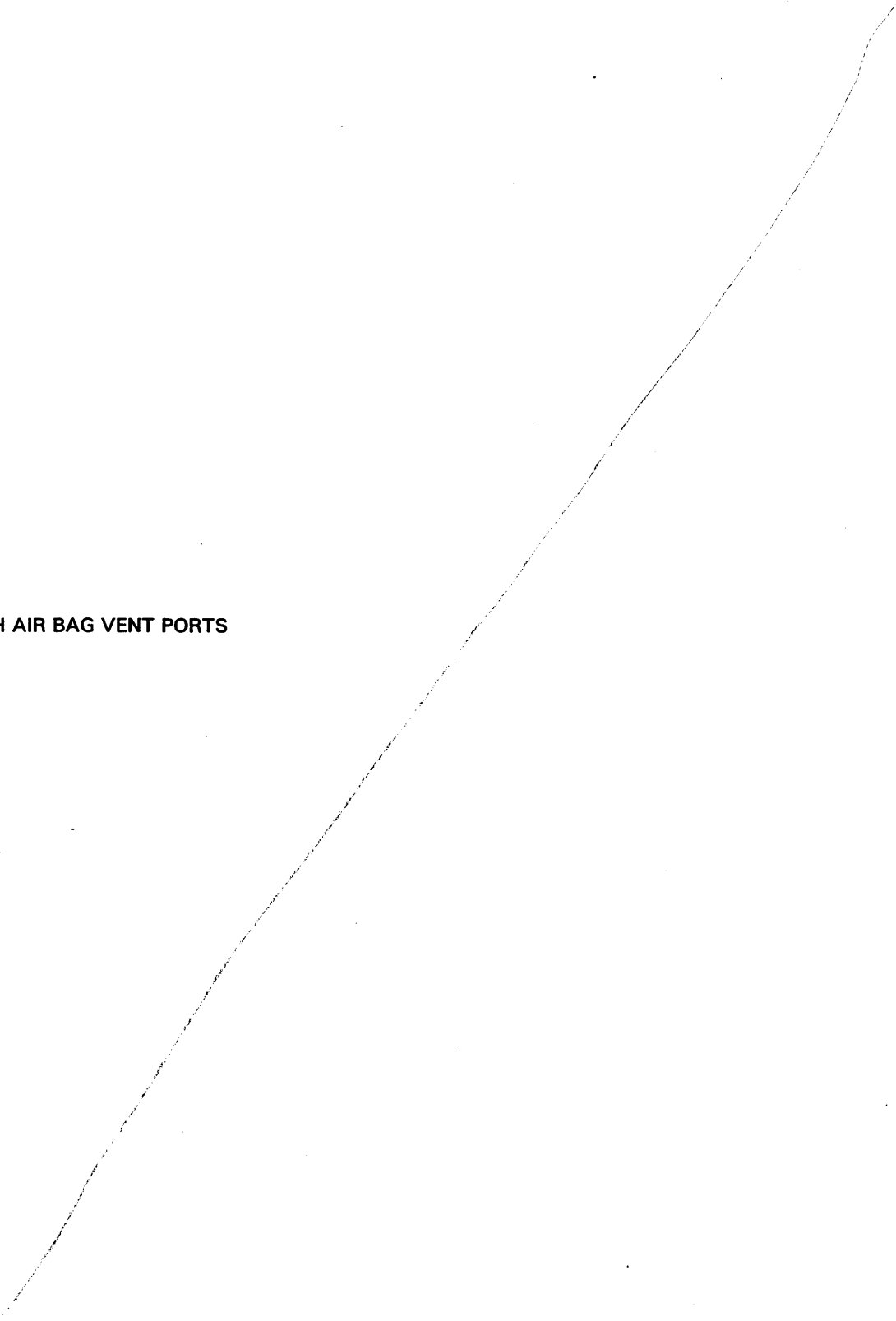
1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

**"OTHER" AIR BAG SKETCHES (Cont'd)**

**3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG**

**4. SKETCH AIR BAG VENT PORTS**



**HEAD RESTRAINTS/SEAT EVALUATION**

**NOTES:** Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
<b>FIRST</b>	A-Head Restraint Type/Damage	1		1
	B-Seat Type	01		01
	C-Seat Orientation	1		1
	D-Seat Track Position	5		3
	E-Seat Back Incline Pre/Post Impact	14		14
	F-Seat Performance	1		1
<b>SECOND</b>	A-Head Restraint Type/Damage	0	0	0
	B-Seat Type	03	03	03
	C-Seat Orientation	1	1	1
	D-Seat Track Position	1	1	1
	E-Seat Back Incline Pre/Post Impact	01	01	01
	F-Seat Performance	1	1	1
<b>THIRD</b>	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			
<b>OTHER</b>	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			

**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE  
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)**

**HEAD RESTRAINTS/SEAT EVALUATION****A-Head Restraint Type/Damage by Occupant at This Occupant Position**

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

**B-Seat Type (this Occupant Position)**

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Box mounted seat (i.e., van type)
- (10) Other seat type (specify): \_\_\_\_\_
- (99) Unknown

**C-Seat Orientation (this Occupant Position)**

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

**D-Seat Track Adjusted Position Prior To Impact**

- (0) Occupant not seated or no seat
- (1) Non-adjustable seat track

**Adjustable Seat Track**

- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown

**E-Seat Back Incline Prior and Post Impact**

- (00) Occupant not seated or no seat
- (01) Not adjustable

**Upright prior to impact**

- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

**Slightly reclined prior to impact**

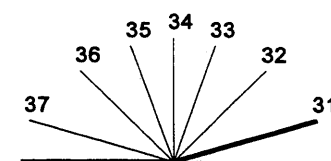
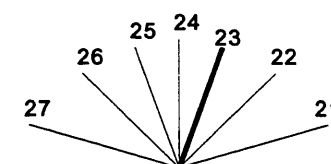
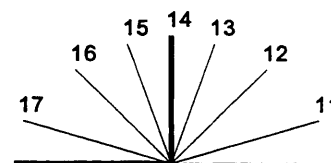
- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

**Completely reclined prior to impact**

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position
- (99) Unknown

**F-Seat Performance (this Occupant Position)**

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

Coding diagrams for *Seat Back Incline Position Prior and Post Impact*

**CHILD SAFETY SEAT FIELD ASSESSMENT**

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

**1. Type of Child Safety Seat**

- (0) No child safety seat  
 (1) Infant seat  
 (2) Toddler seat  
 (3) Convertible seat  
 (4) Booster seat  
 (7) Other type child safety seat (specify):  
 (8) Unknown child safety seat type  
 (9) Unknown if child safety seat used

**2. Child Safety Seat Orientation**

- (00) No child safety seat  
 Designed for Rear Facing for This Age/Weight  
 (01) Rear facing  
 (02) Forward facing  
 (08) Other orientation (specify):  
 (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing  
 (12) Forward facing  
 (18) Other orientation (specify):  
 (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing  
 (22) Forward facing  
 (28) Other orientation (specify):  
 (29) Unknown orientation

(99) Unknown if child safety seat used

**3. Child Safety Seat Harness Usage****4. Child Safety Seat Shield Usage**

5. Child Safety Seat Tether Usage  
 Note: Options Below Are Used for Variables 3-5.  
 (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used  
 (02) After market harness/shield/tether used  
 (03) Child safety seat used, but no after market harness/shield/tether added  
 (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used  
 (12) Harness/shield/tether used  
 (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used  
 (22) Harness/shield/tether used  
 (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

6. Child Safety Seat Make/Model  
 (Specify make/model and occupant number)

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**EJECTION/ENTRAPMENT DATA**

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

**EJECTION** No ☒ Yes ☐

Describe indications of ejection and body parts involved in partial ejection(s):

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Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

**Ejection**

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

**Ejection Area**

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

**(7) Roof**

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown

**Ejection Medium**

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

**(5) Integral structure**

- (8) Other medium (specify):

(9) Unknown

**Medium Status (Immediately Prior to Impact)**

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

**ENTRAPMENT** No ☐ Yes ☒

Describe entrapment mechanism: It appears OS was trapped inside the car by the R/F seat back. The seat back was reclined down far enough to pin OS down by the knees and top of legs.

Interview reveals that seat was moved after accident — No entrapment of any occupant.

(Note on vehicle interior sketch)





# OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 09  
2. Case Number - Stratum 003k  
3. Vehicle Number 01  
4. Occupant Number 01

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 17  
Code actual age at time of accident.  
(00) Less than one year old (specify by month):  
  
(97) 97 years and older  
(99) Unknown
6. Occupant's Sex 1  
(1) Male  
(2) Female-not reported pregnant  
(3) Female-pregnant-1st trimester(1st-3rd month)  
(4) Female-pregnant-2nd trimester(4th-6th month)  
(5) Female-pregnant-3rd trimester(7th-9th month)  
(6) Female-pregnant-term unknown  
(9) Unknown
7. Occupant's Height 180  
Code actual height to the nearest  
centimeter.  
(999) Unknown  
  
71 inches X 2.54 = 180 centimeters
8. Occupant's Weight 066  
Code actual weight to the nearest  
kilogram.  
(999) Unknown  
  
145 pounds X .4536 = 066 kilograms
9. Occupant's Role 1  
(1) Driver  
(2) Passenger  
(9) Unknown

## OCCUPANT'S SEATING

10. Occupant's Seat Position 11  
*Front Seat*  
(11) Left side  
(12) Middle  
(13) Right side  
(14) Other (specify):  
(15) On or in the lap of another occupant  
  
*Second Seat*  
(21) Left side  
(22) Middle  
(23) Right side  
(24) Other (specify):  
(25) On or in the lap of another occupant  
  
*Third Seat*  
(31) Left side  
(32) Middle  
(33) Right side  
(34) Other (specify):  
(35) On or in the lap of another occupant  
  
*Fourth Seat*  
(41) Left side  
(42) Middle  
(43) Right side  
(44) Other (specify):  
(45) On or in the lap of another occupant  
  
(97) In or on unenclosed area  
(98) Other seat (specify):  
(99) Unknown
11. Occupant's Posture 0  
(0) Normal posture  
  
*Abnormal posture*  
(1) Kneeling or standing on seat  
(2) Lying on or across seat  
(3) Kneeling, standing or sitting in front of seat  
(4) Sitting sideways or turned to talk with  
another occupant or to look out a rear  
window  
(5) Sitting on a console  
(6) Lying back in a reclined seat position  
(7) Bracing with feet or hands on a surface in  
front of seat  
(8) Other abnormal posture (specify):  
(9) Unknown

## EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.  
(specify): \_\_\_\_\_
- (9) Unknown

17. Occupant Mobility 4

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons  
(specify): \_\_\_\_\_
- (9) Unknown

## BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use 04

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment 1

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

*Adjustable shoulder Belt Upper Anchorage*

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of automatic belt system (specify):

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other automatic belt failure (specify):

(9) Unknown

## POLICE REPORTED RESTRAINT USE

## AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 4

- (0) None used  
 (1) Police did not indicate belt use  
 (2) Shoulder belt  
 (3) Lap belt  
 (4) Lap and shoulder belt  
 (5) Belt used, type not specified  
 (6) Child safety seat  
 (7) Automatic belt  
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 0

- (0) No air bag available  
 (1) Police did not indicate air bag availability/function  
 (2) Deployed  
 (3) Not deployed  
 (4) Unknown if deployed  
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection  
☐ Official injury data  
☐ Driver/occupant interview  
☐ Other (specify):

☐ Unknown if belt used

30. Frontal Air Bag System 0

Availability/Function  
 (This Occupant Position)

- (0) Not equipped/not available  
 (1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled  
 (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 0

- (0) Not equipped/not available  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available  
 (1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled  
 (9) Unknown

*Specify type of "other" air bag present:*

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position) 0

- (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify):

(9) Unknown

## FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

- (0) Not equipped/not available  
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)  
(3) One previous accident with deployment  
(4) More than one previous accident with at least one deployment  
(8) Previous accidents, unknown deployment status  
(9) Unknown

36. Type of Air Bag 0

- (0) Not equipped/not available  
(1) Original manufacturer installed system  
(2) Retrofitted air bag  
(3) Replacement air bag  
(8) Unknown type of air bag  
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

- (0) Not equipped/not available  
(1) No prior maintenance  
(2) Yes, prior maintenance (specify): \_\_\_\_\_  
(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

- (00) Not equipped/not available  
Code the accident event sequence number that initiated the air bag deployment  
(96) Deployed, unknown event  
(97) Not deployed  
(98) Unknown if deployed  
(99) Unknown

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available  
(1) Highest delta V  
(2) Second highest delta V  
(3) Other non-coded delta V (specify): \_\_\_\_\_  
(6) Deployed, unknown event  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact + 000

- (000) Not equipped/not available  
Code the value of the delta V for the impact that initiated the air bag deployment  
(996) Deployment, unknown longitudinal Delta V  
(997) Not deployed  
(998) Unknown if deployed  
(999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

- (0) Not equipped/not available  
(1) No  
(2) Yes  
(3) Deployed, unknown if flap(s) opened at designated tear points  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

- (0) Not equipped/not available  
(1) No  
(2) Yes (specify): \_\_\_\_\_  
(3) Deployed, unknown if air bag module cover flap(s) damaged  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

43. Was There Damage To The Air Bag? 00

- (00) Not equipped/not available  
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured  
(03) Cut  
(04) Torn  
(05) Holed  
(06) Burned  
(07) Abraded  
(88) Other damage (specify): \_\_\_\_\_  
(95) Damaged, details unknown  
(96) Deployed, unknown if damaged  
(97) Not deployed  
(98) Unknown if deployed  
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM  
EVALUATION** *continued***44. Source of Air Bag Damage** 00

(00) Not equipped/not available

(01) Not damaged

(02) Object worn by occupant, (specify):  
\_\_\_\_\_(03) Object carried by occupant, (specify):  
\_\_\_\_\_(04) Adaptive/assistive controls, (specify):  
\_\_\_\_\_

(05) Fire in vehicle

(06) Thermal burns

(07) Rescue or emergency efforts

(88) Other damage source (specify):  
\_\_\_\_\_

(95) Damaged, unknown source

(96) Deployed, unknown if damaged

(97) Not deployed

(98) Unknown if deployed

(99) Unknown

**45. Was The Air Bag Tethered?** 0

(0) Not equipped/not available

(1) No

(2) Yes (specify number of tether straps):  
\_\_\_\_\_

(3) Deployed, unknown if tethered

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

**46. Did The Air Bag Have Vent Ports?** 0

(0) Not equipped/not available

(1) No

(2) Yes (specify number of vent ports):  
\_\_\_\_\_

(3) Deployed, unknown if vent ports present

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

**47. Was the Air Bag in this Occupant's Position  
Contacted by Another Occupant?** 0

(0) Not equipped/not available

(1) No

(2) Yes (specify):  
\_\_\_\_\_(3) Deployed, unknown if other occupant contact  
to air bag

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

**48. Was This Occupant Wearing Eye-wear?** 0

(0) Not air bag equipped/air bag not available

(1) No

(2) Eyeglasses/sunglasses

(3) Contact lenses

(4) Deployed, unknown if eyewear worn

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

**HEAD RESTRAINT AND SEAT EVALUATION****49. Head Restraint Type/Damage by Occupant  
at This Occupant Position** 1

(0) No head restraints

(1) Integral—no damage

(2) Integral—damaged during accident

(3) Adjustable—no damage

(4) Adjustable—damaged during accident

(5) Add-on—no damage

(6) Add-on—damaged during accident

(8) Other (specify):  
\_\_\_\_\_

(9) Unknown

**50. Seat Type (this Occupant Position)** 01

(00) Occupant not seated or no seat

(01) Bucket

(02) Bucket with folding back

(03) Bench

(04) Bench with separate back cushions

(05) Bench with folding back(s)

(06) Split bench with separate back cushions

(07) Split bench with folding back(s)

(08) Pedestal (i.e., column supported)

(09) Box mounted seat (i.e., van type)

(10) Other seat type (specify):  
\_\_\_\_\_

(99) Unknown

**51. Seat Orientation (this Occupant Position)** 1

(0) Occupant not seated or no seat

(1) Forward facing seat

(2) Rear facing seat

(3) Side facing seat (inward)

(4) Side facing seat (outward)

(8) Other (specify):  
\_\_\_\_\_

(9) Unknown

**52. Seat Track Adjusted Position Prior To Impact** 5

(0) Occupant not seated or no seat

(1) Non-adjustable seat track

**Adjustable Seat Track**

(2) Seat at forward most track position

(3) Seat between forward most and middle track  
positions

(4) Seat at middle track position

(5) Seat between middle and rear most track  
positions

(6) Seat at rear most track position

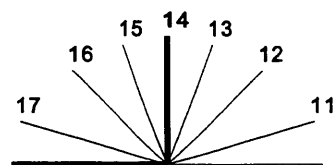
(9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 14

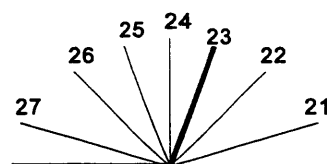
- (00) Occupant not seated or no seat  
 (01) Not adjustable

***Upright prior to impact***

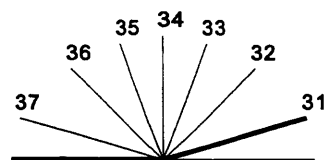
- (11) Moved to completely rearward position  
 (12) Moved to rearward midrange position  
 (13) Moved to slightly rearward position  
 (14) Retained pre-impact position  
 (15) Moved to slightly forward position  
 (16) Moved to forward midrange position  
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position  
 (22) Moved to rearward midrange position  
 (23) Retained pre-impact position  
 (24) Moved to upright position  
 (25) Moved to slightly forward position  
 (26) Moved to forward midrange position  
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position  
 (32) Moved to rearward midrange position  
 (33) Moved to slightly rearward position  
 (34) Moved to upright position  
 (35) Moved to slightly forward position  
 (36) Moved to forward midrange position  
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat  
 (1) No seat performance failure(s)  
 (2) Seat adjusters failed  
 (3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_  
 (4) Seat track/anchors failed  
 (5) Deformed by impact of occupant  
 (6) Deformed by passenger compartment intrusion, (specify): \_\_\_\_\_  
 (7) Combination of above (specify): \_\_\_\_\_  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

## CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS  
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):  
\_\_\_\_\_

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):  
\_\_\_\_\_

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00

(00) No child safety seat

*Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):  
\_\_\_\_\_

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):  
\_\_\_\_\_

(19) Unknown orientation

*Unknown Design or Orientation For This  
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):  
\_\_\_\_\_

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0059. Child Safety Seat Shield Usage 0060. Child Safety Seat Tether Usage 00Note: Options below applicable to  
Variables OA58-OA60.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*(01) After market harness/shield/tether  
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market  
harness/shield/tether added(09) Unknown if harness/shield/tether  
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used



**INJURY CONSEQUENCES**61. Injury Severity (Police Rating) 0

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 6 X

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):  
\_\_\_\_\_

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):  
\_\_\_\_\_
- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 5 X

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):  
\_\_\_\_\_
- (9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
- \_\_\_\_\_ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 15

- \_\_\_\_\_ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

**STOP WORK HERE****VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

**TO BE CODED BY THE ZONE CENTER****INJURY CONSEQUENCES**

## 66. Time to Death

00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal  
(96) Fatal - ruled disease  
(99) Unknown

## 67. 1st Medically Reported Cause of Death

00

## 68. 2nd Medically Reported Cause of Death

00

## 69. 3rd Medically Reported Cause of Death

00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes  
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

## 70. Number of Recorded Injuries for This Occupant

02

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries  
(97) Injured, details unknown  
(99) Unknown if injured

**TRAUMA DATA**

## 71. Glasgow Coma Scale (GCS) Score (at Medical Facility)

02

- (00) Not injured  
(01) Injured - not treated at medical facility  
(02) No GCS Score at medical facility  
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.  
(97) Injured, details unknown  
(99) Unknown if injured

## 72. Was the Occupant Given Blood?

1

- (1) No - blood not given  
(2) Yes - blood given

(specify units):

- (9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO<sub>3</sub>01

- (00) Not injured  
(01) Injured, ABGs not measured or reported  
(02-50) Code the actual value of the HCO<sub>3</sub>  
(96) ABGs reported, HCO<sub>3</sub> unknown  
(97) Injured, details unknown  
(99) Unknown if injured

**BELT USE DETERMINATION**

## 74. Primary Source of Belt Use Determination

1

- (0) Not equipped/not available/destroyed or rendered inoperative

- (1) Vehicle inspection  
(2) Official injury data  
(3) Driver/occupant interview  
(8) Other (specify):

- (9) Unknown if belt used



## OCCUPANT INJURY FORM

1. Primary Sampling Unit Number	<u>09</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>003K</u>	4. Occupant Number	<u>01</u>

### INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	A.I.S. - 90					Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number												
		Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect																
<i>neck strain</i>																						
1st	5.	<u>7</u>	6.	<u>6</u>	7.	<u>4</u>	8.	<u>02</u>	9.	<u>28</u>	10.	<u>1</u>	11.	<u>6</u>	12.	<u>603</u>	13.	<u>2</u>	14.	<u>3</u>	15.	<u>00</u>
<i>back strain</i>																						
2nd	16.	<u>7</u>	17.	<u>6</u>	18.	<u>4</u>	19.	<u>04</u>	20.	<u>28</u>	21.	<u>1</u>	22.	<u>7</u>	23.	<u>603</u>	24.	<u>2</u>	25.	<u>3</u>	26.	<u>00</u>
3rd	27.	___	28.	___	29.	___	30.	___	31.	___	32.	___	33.	___	34.	___	35.	___	36.	___	37.	___
4th	38.	___	39.	___	40.	___	41.	___	42.	___	43.	___	44.	___	45.	___	46.	___	47.	___	48.	___
5th	49.	___	50.	___	51.	___	52.	___	53.	___	54.	___	55.	___	56.	___	57.	___	58.	___	59.	___
6th	60.	___	61.	___	62.	___	63.	___	64.	___	65.	___	66.	___	67.	___	68.	___	69.	___	70.	___
7th	71.	___	72.	___	73.	___	74.	___	75.	___	76.	___	77.	___	78.	___	79.	___	80.	___	81.	___
8th	82.	___	83.	___	84.	___	85.	___	86.	___	87.	___	88.	___	89.	___	90.	___	91.	___	92.	___
9th	93.	___	94.	___	95.	___	96.	___	97.	___	98.	___	99.	___	100.	___	101.	___	102.	___	103.	___
10th	104.	___	105.	___	106.	___	107.	___	108.	___	109.	___	110.	___	111.	___	112.	___	113.	___	114.	___

**.I.S. - 90**

		A.I.S. - 90							Injury Source		Occupant Area
	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Confidence Level	Direct/Indirect Injury	Intrusion Number
11th	---	---	---	-----	----	---	---	-----	---	---	---
12th	---	---	---	-----	----	---	---	-----	---	---	---
13th	---	---	---	-----	----	---	---	-----	---	---	---
14th	---	---	---	-----	----	---	---	-----	---	---	---
15th	---	---	---	-----	----	---	---	-----	---	---	---
16th	---	---	---	-----	----	---	---	-----	---	---	---
17th	---	---	---	-----	----	---	---	-----	---	---	---
18th	---	---	---	-----	----	---	---	-----	---	---	---
19th	---	---	---	-----	----	---	---	-----	---	---	---
20th	---	---	---	-----	----	---	---	-----	---	---	---
21st	---	---	---	-----	----	---	---	-----	---	---	---
22nd	---	---	---	-----	----	---	---	-----	---	---	---
23rd	---	---	---	-----	----	---	---	-----	---	---	---
24th	---	---	---	-----	----	---	---	-----	---	---	---
25th	---	---	---	-----	----	---	---	-----	---	---	---

## OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>	To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen		The exceptions to this rule apply to:	(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity		The exceptions to this rule apply to:	(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified			(9) Unknown
			(0) Whole region
<b>Type of Anatomic Structure</b>	<u>Whole Area</u>		
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

## Abbreviated Injury Scale

- (1) Minor Injury
- (2) Moderate Injury
- (3) Serious Injury
- (4) Severe Injury
- (5) Critical Injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

## SOURCE OF INJURY DATA

## INJURY SOURCE

## DIRECT/INDIRECT INJURY

OFFICIAL RECORDS

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): \_\_\_\_\_
- (9) Police

## CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

## INJURY SOURCES

### FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): \_\_\_\_\_
- (019) Other front object (specify): \_\_\_\_\_

### LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): \_\_\_\_\_
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): \_\_\_\_\_

### RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): \_\_\_\_\_
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): \_\_\_\_\_

### INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): \_\_\_\_\_
- (155) Head restraint system
- (160) Other occupants (specify): \_\_\_\_\_
- (161) Interior loose objects
- (162) Child safety seat (specify): \_\_\_\_\_
- (163) Other interior object (specify): \_\_\_\_\_

### AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify): \_\_\_\_\_
- (195) Other air bag compartment cover (specify): \_\_\_\_\_

### ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

### FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

### REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): \_\_\_\_\_

### ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): \_\_\_\_\_
- (409) Additional or relocated switches, (specify): \_\_\_\_\_

- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): \_\_\_\_\_

### EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): \_\_\_\_\_
- (454) Unknown exterior objects

### EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): \_\_\_\_\_
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): \_\_\_\_\_
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): \_\_\_\_\_
- (514) Unknown exterior of other motor vehicle

### OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify): \_\_\_\_\_
- (599) Unknown vehicle or object

### NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): *impact force*
- (604) Air bag exhaust gases
- (697) Injured, unknown source

# OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restrained?

☐ No

☐ Yes

Blood Alcohol Level  
(mg/dl)

BAL =

Glasgow Coma  
Scale Score

GCSS =

Units of Blood  
Given

Units =

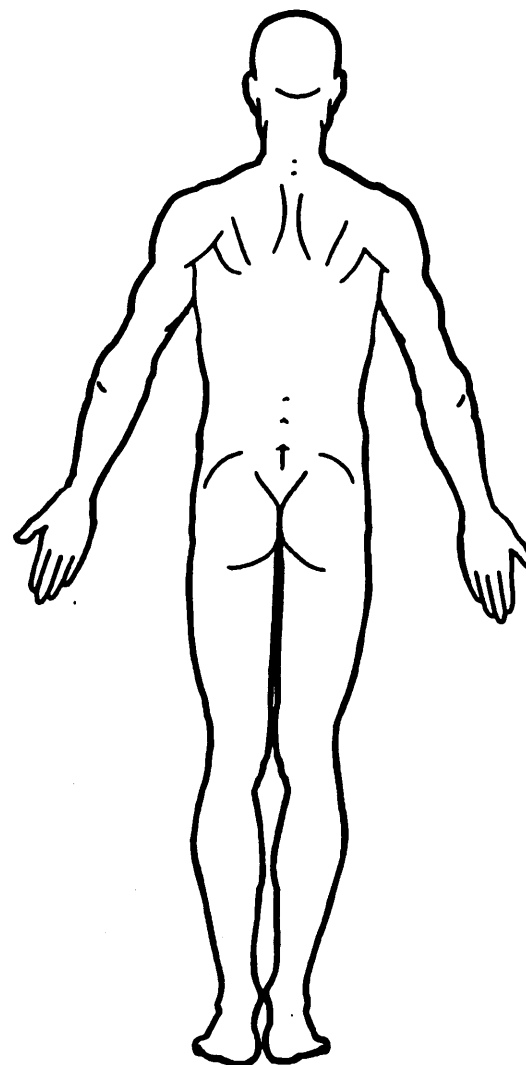
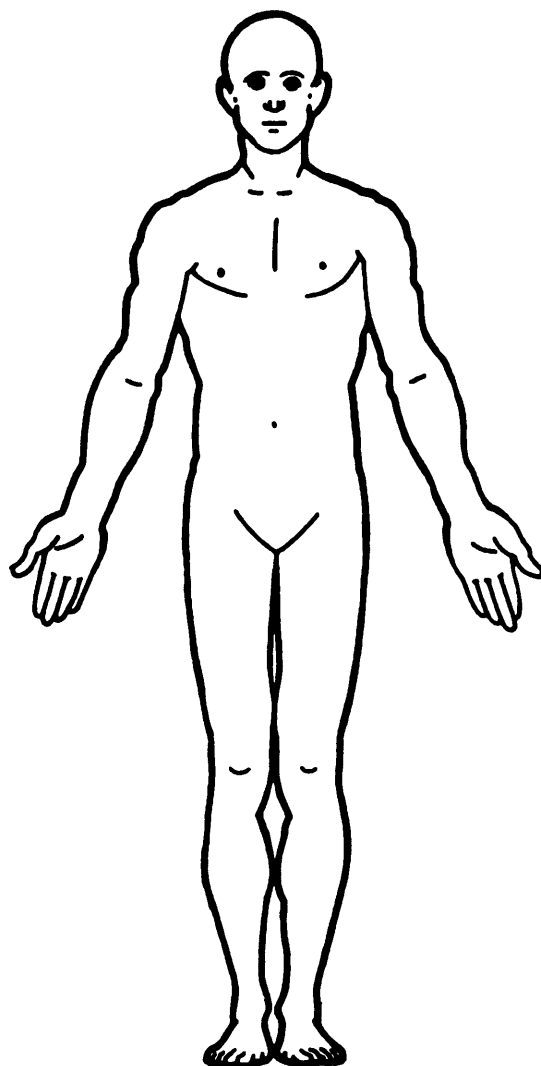
Arterial Blood Gases

pH =

PO<sub>2</sub> =

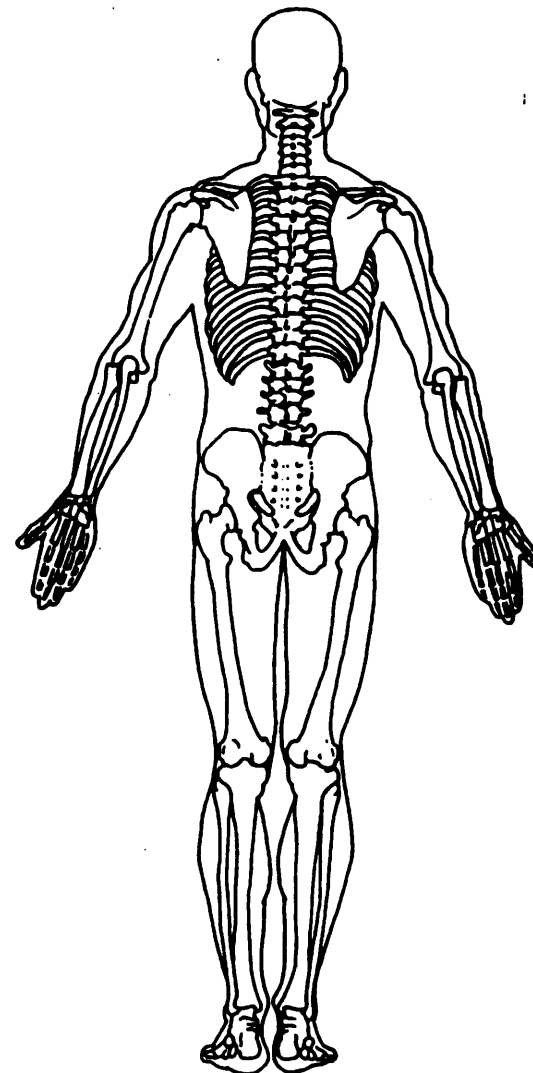
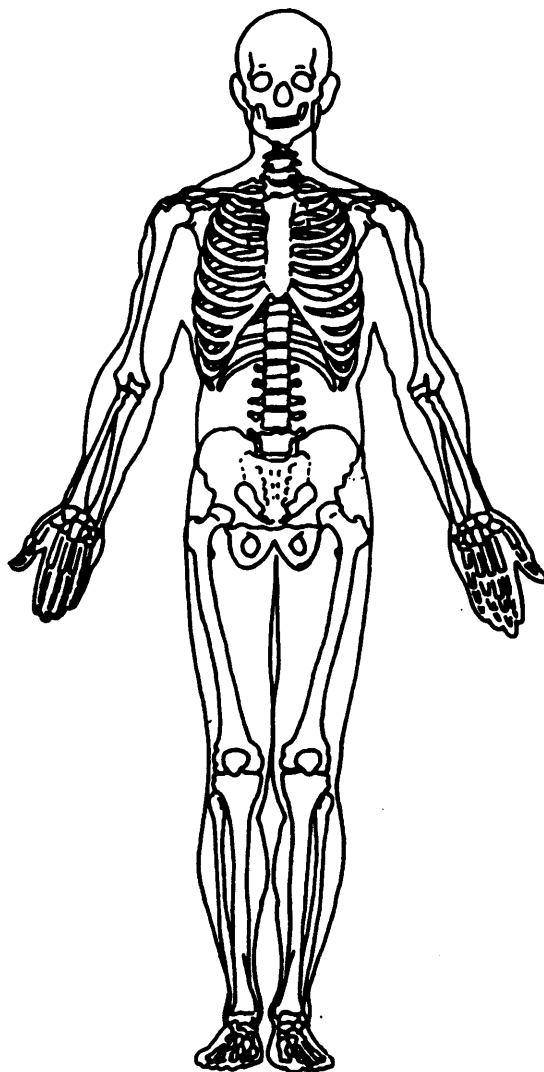
PCO<sub>2</sub>

HCO<sub>3</sub>



## OFFICIAL INJURY DATA — SKELETAL INJURIES

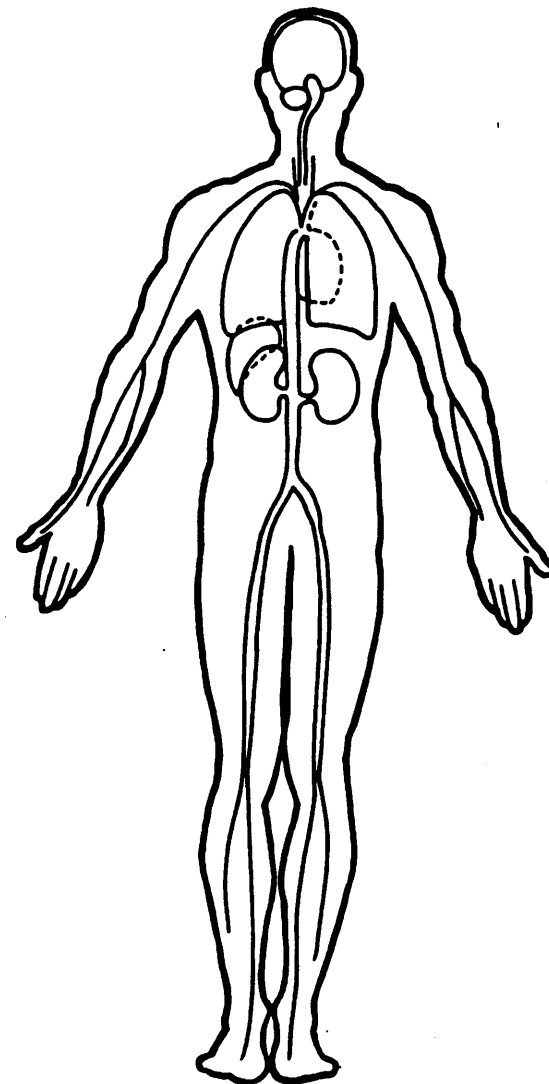
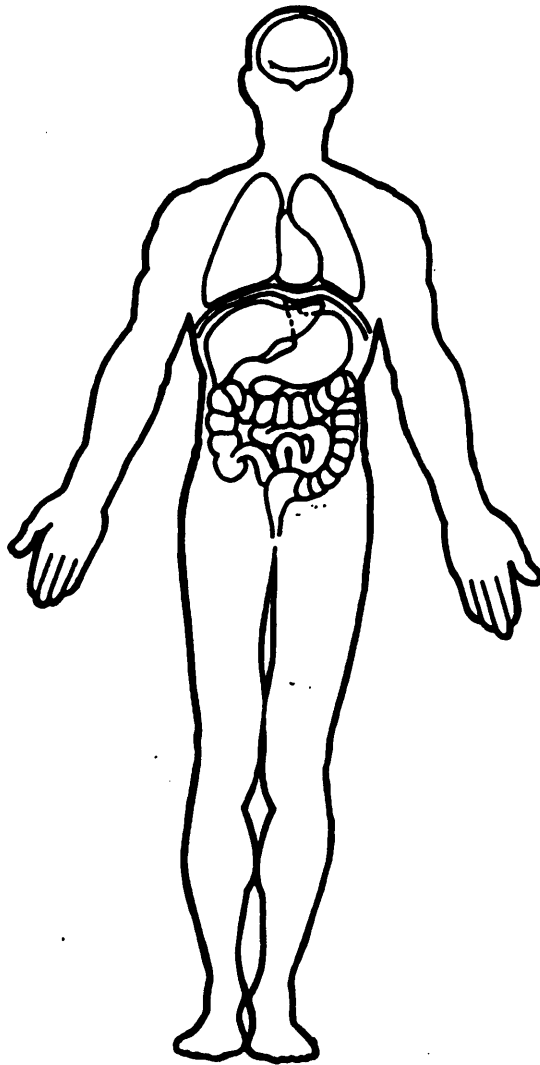
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





## OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





## UPDATE FORM

## NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>09</u>	Driver or Occupant Name: _____
2. Case Number — Stratum	<u>003K</u>	Address: _____
3. Vehicle Number	<u>01</u>	_____
4. Occupant Number	<u>01</u>	Other Information: _____
1986		(Sanitize this section prior to Update submission.)

### STATUS OF OCCUPANT INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION
<i>Follow up</i> OAL08. Date Official Medical Data Requested	_____	<u>96</u>	OAL18. Medical Facility Code	_____	<u>01</u>
OAL09. Date Official Medical Data Obtained	_____	<u>96</u>	GV14. Alcohol Test Results For Driver	_____	_____
OAL16. Injury Treatment Status	_____	_____	GV16. Other Drug Specimen Test Type For Driver	_____	_____
OAL17. Injury Information			OA05. Occupant's Age	_____	_____
<u>Official</u>			OA06. Occupant's Sex	_____	_____
a. Autopsy (invasive examination)	<u>B</u> _____	_____	OA07. Occupant's Height	_____	_____
b. Post-ER medical record which includes information about death based on non-invasive examination	<u>B</u> _____	_____	OA08. Occupant's Weight	_____	_____
c. Admission record/summary or admission/discharge face sheet	<u>B</u> _____	_____	OA61. Treatment-Mortality	_____	_____
d. Discharge summary	<u>B</u> _____	_____	OA62. Type of Medical Facility (for Initial Treatment)	_____	_____
e. Operative report	<u>B</u> _____	_____	OA63. Hospital Stay	_____	_____
f. Radiographic record(s) (X-ray, CT scan)	<u>B</u> _____	_____			
g. History and physical examination and/or consultation records	<u>B</u> _____	_____			
h. Emergency room records (includes nurses' notes)	<u>B</u> _____	<u>01</u>			
j. Private physician	<u>B</u> _____	_____			
<u>Unofficial</u>					
k. Lay coroner	<u>B</u> _____	_____			
l. EMS record	<u>B</u> _____	_____			
m. Interviewee	<u>B</u> _____	_____			
n. Other source (specify):	<u>B</u> _____	<u>B</u> _____			
o. Police report	<u>B</u> _____	<u>B</u> _____			

*no meds available*  
*to re-request*  
*meds - requested*  
*under wrong*  
*name.*  
*See attached note*



# OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 09

2. Case Number - Stratum 003

3. Vehicle Number 01

4. Occupant Number 02

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 19

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex 2

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height 168

Code actual height to the nearest centimeter.

(999) Unknown

66 inches X 2.54 = 168 centimeters

8. Occupant's Weight 054

Code actual weight to the nearest kilogram.

(999) Unknown

120 pounds X .4536 = 054 kilograms

9. Occupant's Role 2

(1) Driver

(2) Passenger

(9) Unknown

## OCCUPANT'S SEATING

10. Occupant's Seat Position 13

*Front Seat*

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

*Second Seat*

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

*Third Seat*

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

*Fourth Seat*

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture 0

(0) Normal posture

*Abnormal posture*

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of seat

(8) Other abnormal posture (specify):

(9) Unknown

## EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.  
(specify): \_\_\_\_\_
- (9) Unknown

17. Occupant Mobility 4

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons  
(specify): \_\_\_\_\_
- (9) Unknown

## BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use 04

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment 1

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

*Adjustable Shoulder Belt Upper Anchorage*

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):
- (9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):

(9) Unknown

## POLICE REPORTED RESTRAINT USE

## AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 4

- (0) None used  
 (1) Police did not indicate belt use  
 (2) Shoulder belt  
 (3) Lap belt  
 (4) Lap and shoulder belt  
 (5) Belt used, type not specified  
 (6) Child safety seat  
 (7) Automatic belt  
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 0

- (0) No air bag available  
 (1) Police did not indicate air bag availability/function  
 (2) Deployed  
 (3) Not deployed  
 (4) Unknown if deployed  
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection  
☐ Official injury data  
☐ Driver/occupant interview  
☐ Other (specify):

☐ Unknown if belt used

30. Frontal Air Bag System 0

Availability/Function  
 (This Occupant Position)

- (0) Not equipped/not available  
 (1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled  
 (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 0

- (0) Not equipped/not available  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available  
 (1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled  
 (9) Unknown

*Specify type of "other" air bag present:*

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position) 0

- (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify):

(9) Unknown

## FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

(0) Not equipped/not available

(1) No previous accidents

Yes

(2) Previous accident(s) without deployment(s)

(3) One previous accident with deployment

(4) More than one previous accident with at least one deployment

(8) Previous accidents, unknown deployment status

(9) Unknown

36. Type of Air Bag 0

(0) Not equipped/not available

(1) Original manufacturer installed system

(2) Retrofitted air bag

(3) Replacement air bag

(8) Unknown type of air bag

(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

(0) Not equipped/not available

(1) No prior maintenance

(2) Yes, prior maintenance (specify): \_\_\_\_\_

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

(00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment

(96) Deployed, unknown event

(97) Not deployed

(98) Unknown if deployed

(99) Unknown

39. CDC For Air Bag Deployment Impact 0

(0) Not equipped/not available

(1) Highest delta V

(2) Second highest delta V

(3) Other non-coded delta V (specify): \_\_\_\_\_

(6) Deployed, unknown event

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

40. Longitudinal Component of

Delta V For Air Bag

Deployment Impact

(\_000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

(\_996) Deployment, unknown longitudinal Delta V

(\_997) Not deployed

(\_998) Unknown if deployed

(\_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

(0) Not equipped/not available

(1) No

(2) Yes

(3) Deployed, unknown if flap(s) opened at designated tear points

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

(0) Not equipped/not available

(1) No

(2) Yes (specify): \_\_\_\_\_

(3) Deployed, unknown if air bag module cover flap(s) damaged

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

43. Was There Damage To The Air Bag? 00

(00) Not equipped/not available

(01) Not damaged

Yes - Air Bag Damage

(02) Ruptured

(03) Cut

(04) Torn

(05) Holed

(06) Burned

(07) Abraded

(88) Other damage (specify): \_\_\_\_\_

(95) Damaged, details unknown

(96) Deployed, unknown if damaged

(97) Not deployed

(98) Unknown if deployed

(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM  
EVALUATION** *continued*

44. Source of Air Bag Damage 00  
 (00) Not equipped/not available  
 (01) Not damaged  
 (02) Object worn by occupant, (specify): \_\_\_\_\_  
 (03) Object carried by occupant, (specify): \_\_\_\_\_  
 (04) Adaptive/assistive controls, (specify): \_\_\_\_\_  
 (05) Fire in vehicle  
 (06) Thermal burns  
 (07) Rescue or emergency efforts  
 (08) Other damage source (specify): \_\_\_\_\_  
 (95) Damaged, unknown source  
 (96) Deployed, unknown if damaged  
 (97) Not deployed  
 (98) Unknown if deployed  
 (99) Unknown
45. Was The Air Bag Tethered? 0  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of tether straps): \_\_\_\_\_  
 (3) Deployed, unknown if tethered  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 0  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of vent ports): \_\_\_\_\_  
 (3) Deployed, unknown if vent ports present  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify): \_\_\_\_\_  
 (3) Deployed, unknown if other occupant contact to air bag  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 0  
 (0) Not air bag equipped/air bag not available  
 (1) No  
 (2) Eyeglasses/sunglasses  
 (3) Contact lenses  
 (4) Deployed, unknown if eyewear worn  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown

**HEAD RESTRAINT AND SEAT EVALUATION**

49. Head Restraint Type/Damage by Occupant at This Occupant Position 1  
 (0) No head restraints  
 (1) Integral—no damage  
 (2) Integral—damaged during accident  
 (3) Adjustable—no damage  
 (4) Adjustable—damaged during accident  
 (5) Add-on—no damage  
 (6) Add-on—damaged during accident  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown
50. Seat Type (this Occupant Position) 01  
 (00) Occupant not seated or no seat  
 (01) Bucket  
 (02) Bucket with folding back  
 (03) Bench  
 (04) Bench with separate back cushions  
 (05) Bench with folding back(s)  
 (06) Split bench with separate back cushions  
 (07) Split bench with folding back(s)  
 (08) Pedestal (i.e., column supported)  
 (09) Box mounted seat (i.e., van type)  
 (10) Other seat type (specify): \_\_\_\_\_  
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1  
 (0) Occupant not seated or no seat  
 (1) Forward facing seat  
 (2) Rear facing seat  
 (3) Side facing seat (inward)  
 (4) Side facing seat (outward)  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 3  
 (0) Occupant not seated or no seat  
 (1) Non-adjustable seat track
- Adjustable Seat Track*  
 (2) Seat at forward most track position  
 (3) Seat between forward most and middle track positions  
 (4) Seat at middle track position  
 (5) Seat between middle and rear most track positions  
 (6) Seat at rear most track position  
 (9) Unknown

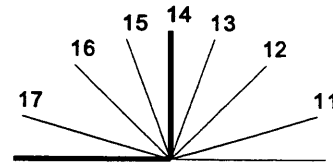


HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 14

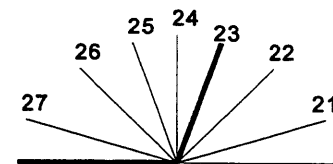
- (00) Occupant not seated or no seat  
 (01) Not adjustable

***Upright prior to impact***

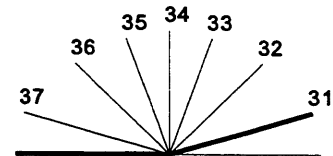
- (11) Moved to completely rearward position  
 (12) Moved to rearward midrange position  
 (13) Moved to slightly rearward position  
 (14) Retained pre-impact position  
 (15) Moved to slightly forward position  
 (16) Moved to forward midrange position  
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position  
 (22) Moved to rearward midrange position  
 (23) Retained pre-impact position  
 (24) Moved to upright position  
 (25) Moved to slightly forward position  
 (26) Moved to forward midrange position  
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position  
 (32) Moved to rearward midrange position  
 (33) Moved to slightly rearward position  
 (34) Moved to upright position  
 (35) Moved to slightly forward position  
 (36) Moved to forward midrange position  
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat  
 (1) No seat performance failure(s)  
 (2) Seat adjusters failed  
 (3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_  
 (4) Seat track/anchors failed  
 (5) Deformed by impact of occupant  
 (6) Deformed by passenger compartment intrusion, (specify): \_\_\_\_\_  
 (7) Combination of above (specify): \_\_\_\_\_  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

## CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS  
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):  
\_\_\_\_\_

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):  
\_\_\_\_\_

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00

(00) No child safety seat

*Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):  
\_\_\_\_\_

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):  
\_\_\_\_\_

(19) Unknown orientation

*Unknown Design or Orientation For This  
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):  
\_\_\_\_\_

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0059. Child Safety Seat Shield Usage 0060. Child Safety Seat Tether Usage 00Note: Options below applicable to  
Variables OA58-OA60.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*(01) After market harness/shield/tether  
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market  
harness/shield/tether added(09) Unknown if harness/shield/tether  
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

**INJURY CONSEQUENCES**61. Injury Severity (Police Rating) 2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 3

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):  
\_\_\_\_\_

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):  
\_\_\_\_\_
- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 1

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):  
\_\_\_\_\_

(9) Unknown 0564. Hospital Stay 07

- (00) Not Hospitalized
- \_\_\_\_\_ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 99

- \_\_\_\_\_ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

**STOP WORK HERE****VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

**TO BE CODED BY THE ZONE CENTER****INJURY CONSEQUENCES**

66. Time to Death 00  
 \_\_\_\_\_ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal  
 (96) Fatal - ruled disease  
 (99) Unknown

67. 1st Medically Reported Cause of Death 00

68. 2nd Medically Reported Cause of Death 00

69. 3rd Medically Reported Cause of Death 00  
 \_\_\_\_\_ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes  
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 04

\_\_\_\_\_ Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries  
 (97) Injured, details unknown  
 (99) Unknown if injured

**TRAUMA DATA**

71. Glasgow Coma Scale (GCS) Score 15  
 (at Medical Facility)  
 (00) Not injured  
 (01) Injured - not treated at medical facility  
 (02) No GCS Score at medical facility  
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.  
 (97) Injured, details unknown  
 (99) Unknown if injured

72. Was the Occupant Given Blood? 1

- (1) No - blood not given  
 (2) Yes - blood given

(specify units):

(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO<sub>3</sub> 01

- (00) Not injured  
 (01) Injured, ABGs not measured or reported  
 (02-50) Code the actual value of the HCO<sub>3</sub>  
 (96) ABGs reported, HCO<sub>3</sub> unknown  
 (97) Injured, details unknown  
 (99) Unknown if injured

**BELT USE DETERMINATION**

74. Primary Source of Belt Use Determination 1  
 (0) Not equipped/not available/destroyed or rendered inoperative

- (1) Vehicle inspection  
 (2) Official injury data  
 (3) Driver/occupant interview

(8) Other (specify):

(9) Unknown if belt used



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

## OCCUPANT INJURY FORM

BEST AVAILABLE Form Approved  
O.M.B. No. 2127-0021  
NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>09</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>003K</u>	4. Occupant Number	<u>02</u>

### INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	Body Region	A.I.S. - 90				Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number		
			Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity					Aspect	
head lacer	1st	5. <u>7</u>	6. <u>1</u>	7. <u>9</u>	8. <u>06</u>	9. <u>00</u>	10. <u>1</u>	11. <u>9</u>	12. <u>204</u>	13. <u>2</u>	14. <u>1</u>	15. <u>05</u>
chest lacer	2nd	16. <u>3</u>	17. <u>4</u>	18. <u>9</u>	19. <u>02</u>	20. <u>02</u>	21. <u>1</u>	22. <u>9</u>	23. <u>152</u>	24. <u>1</u>	25. <u>1</u>	26. <u>00</u>
sternum lacer	3rd	27. <u>2</u>	28. <u>4</u>	29. <u>5</u>	30. <u>08</u>	31. <u>04</u>	32. <u>2</u>	33. <u>4</u>	34. <u>152</u>	35. <u>2</u>	36. <u>1</u>	37. <u>00</u>
CHI	4th	38. <u>2</u>	39. <u>1</u>	40. <u>6</u>	41. <u>06</u>	42. <u>02</u>	43. <u>2</u>	44. <u>0</u>	45. <u>204</u>	46. <u>2</u>	47. <u>1</u>	48. <u>05</u>
	5th	49. <u>  </u>	50. <u>  </u>	51. <u>  </u>	52. <u>  </u>	53. <u>  </u>	54. <u>  </u>	55. <u>  </u>	56. <u>  </u>	57. <u>  </u>	58. <u>  </u>	59. <u>  </u>
	6th	60. <u>  </u>	61. <u>  </u>	62. <u>  </u>	63. <u>  </u>	64. <u>  </u>	65. <u>  </u>	66. <u>  </u>	67. <u>  </u>	68. <u>  </u>	69. <u>  </u>	70. <u>  </u>
	7th	71. <u>  </u>	72. <u>  </u>	73. <u>  </u>	74. <u>  </u>	75. <u>  </u>	76. <u>  </u>	77. <u>  </u>	78. <u>  </u>	79. <u>  </u>	80. <u>  </u>	81. <u>  </u>
	8th	82. <u>  </u>	83. <u>  </u>	84. <u>  </u>	85. <u>  </u>	86. <u>  </u>	87. <u>  </u>	88. <u>  </u>	89. <u>  </u>	90. <u>  </u>	91. <u>  </u>	92. <u>  </u>
	9th	93. <u>  </u>	94. <u>  </u>	95. <u>  </u>	96. <u>  </u>	97. <u>  </u>	98. <u>  </u>	99. <u>  </u>	100. <u>  </u>	101. <u>  </u>	102. <u>  </u>	103. <u>  </u>
	10th	104. <u>  </u>	105. <u>  </u>	106. <u>  </u>	107. <u>  </u>	108. <u>  </u>	109. <u>  </u>	110. <u>  </u>	111. <u>  </u>	112. <u>  </u>	113. <u>  </u>	114. <u>  </u>

### OCCUPANT INJURY DATA

		A.I.S. - 90							Injury Source	Direct/	Occupant
	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Confidence Level	Indirect Injury	Area Intrusion Number
11th	---	---	---	---	---	---	---	---	---	---	---
12th	---	---	---	---	---	---	---	---	---	---	---
13th	---	---	---	---	---	---	---	---	---	---	---
14th	---	---	---	---	---	---	---	---	---	---	---
15th	---	---	---	---	---	---	---	---	---	---	---
16th	---	---	---	---	---	---	---	---	---	---	---
17th	---	---	---	---	---	---	---	---	---	---	---
18th	---	---	---	---	---	---	---	---	---	---	---
19th	---	---	---	---	---	---	---	---	---	---	---
20th	---	---	---	---	---	---	---	---	---	---	---
21st	---	---	---	---	---	---	---	---	---	---	---
22nd	---	---	---	---	---	---	---	---	---	---	---
23rd	---	---	---	---	---	---	---	---	---	---	---
24th	---	---	---	---	---	---	---	---	---	---	---
25th	---	---	---	---	---	---	---	---	---	---	---

## OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>		(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen			(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified	The exceptions to this rule apply to:		(9) Unknown
			(0) Whole region
<b>Type of Anatomic Structure</b>	<u>Whole Area</u>	To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		
		<b>Abbreviated Injury Scale</b>	
		(1) Minor Injury	
		(2) Moderate Injury	
		(3) Serious Injury	
		(4) Severe Injury	
		(5) Critical Injury	
		(6) Maximum (untreatable)	
		(7) Injured, unknown severity	

SOURCE OF INJURY DATA	INJURY SOURCE CONFIDENCE LEVEL	DIRECT/INDIRECT INJURY
<u>OFFICIAL RECORDS</u>		
(1) Autopsy records with or without hospital/medical records	(1) Certain	(1) Direct contact injury
(2) Hospital/medical records other than emergency room (e.g., discharge summary)	(2) Probable	(2) Indirect contact injury
(3) Emergency room records only (including associated X-rays or other lab reports)	(3) Possible	(3) Noncontact injury
(4) Private physician, walk-in or emergency clinic	(9) Unknown	(7) Injured, unknown source
<u>UNOFFICIAL RECORDS</u>		
(5) Lay coroner report		
(6) E.M.S. personnel		
(7) Interviewee		
(8) Other source (specify): _____		
(9) Police		

## INJURY SOURCES

### FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): \_\_\_\_\_
- (019) Other front object (specify): \_\_\_\_\_

### LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): \_\_\_\_\_
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): \_\_\_\_\_

### RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): \_\_\_\_\_
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): \_\_\_\_\_

### INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): \_\_\_\_\_
- (155) Head restraint system
- (160) Other occupants (specify): \_\_\_\_\_
- (161) Interior loose objects
- (162) Child safety seat (specify): \_\_\_\_\_
- (163) Other interior object (specify): \_\_\_\_\_

### AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify) \_\_\_\_\_
- (195) Other air bag compartment cover (specify) \_\_\_\_\_

### ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

### FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

### REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): \_\_\_\_\_

### ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): \_\_\_\_\_
- (409) Additional or relocated switches, (specify): \_\_\_\_\_
- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): \_\_\_\_\_

### EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): \_\_\_\_\_
- (454) Unknown exterior objects

### EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): \_\_\_\_\_
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): \_\_\_\_\_
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): \_\_\_\_\_
- (514) Unknown exterior of other motor vehicle

### OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify): \_\_\_\_\_
- (599) Unknown vehicle or object

### NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): \_\_\_\_\_
- (604) Air bag exhaust gases
- (697) Injured, unknown source



# OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Restrained?

☐ No  
☒ Yes

Blood Alcohol Level  
(mg/dl)

BAL = NR

⊕ marijuana

Glasgow Coma  
Scale Score

GCSS = 15

Units of Blood  
Given

Units = NR

Arterial Blood Gases

pH =    

PO<sub>2</sub> =    

PCO<sub>2</sub> =    

HCO<sub>3</sub> =    

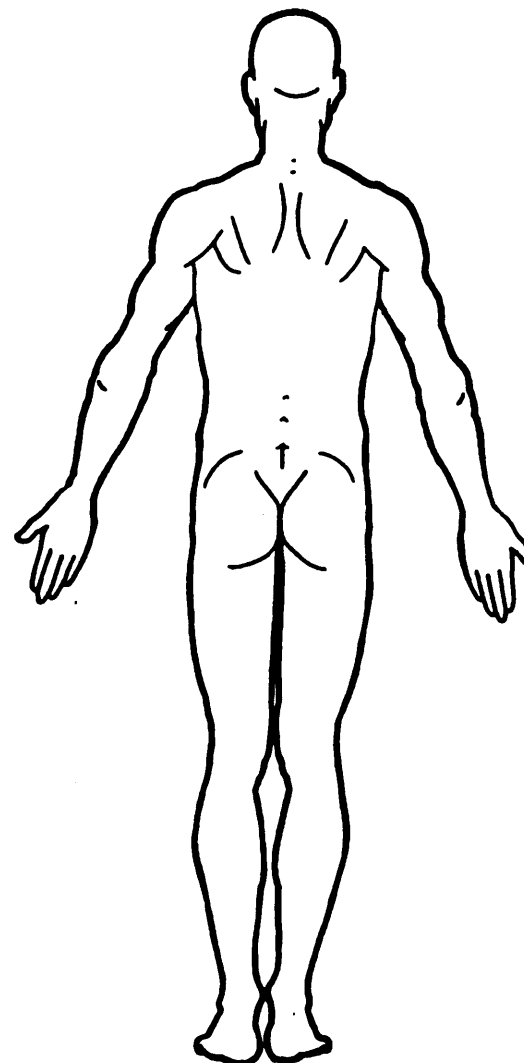
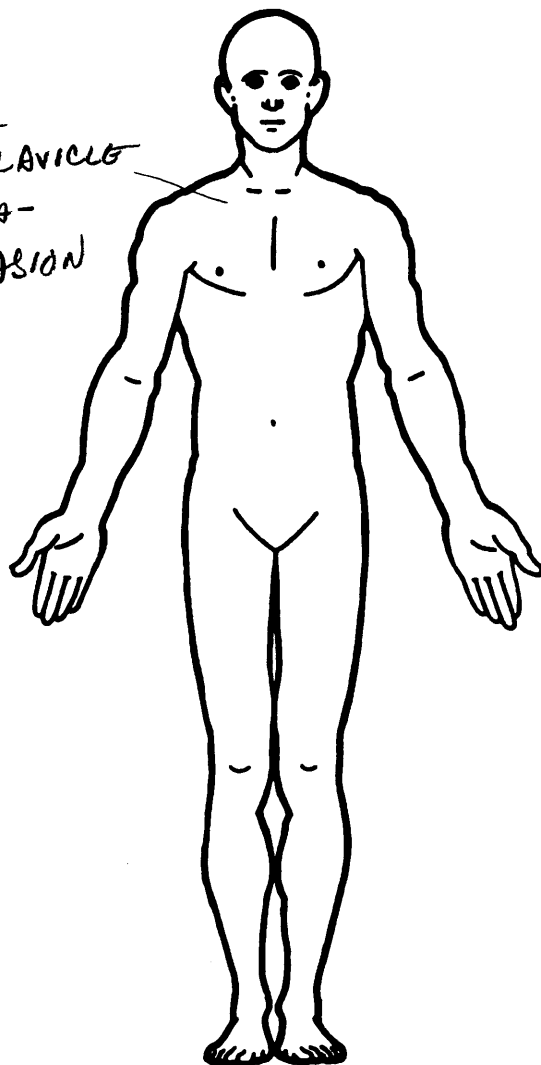
no  
record

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

DS: CLOSED HEAD INJURY; SOMEWHAT LETHARGIC; EASILY AROUSED  
LOC

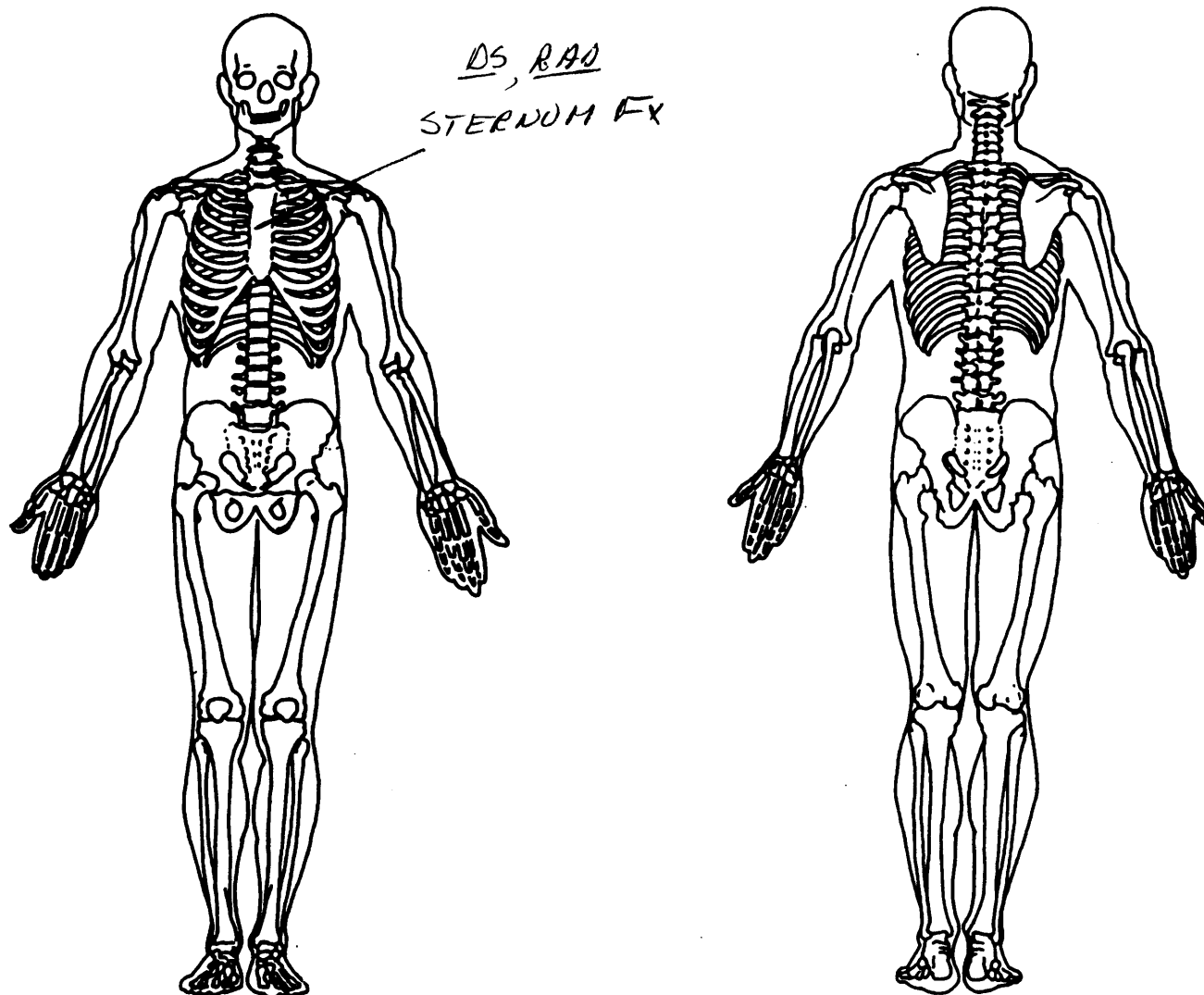
ER

Ⓡ CLAVICLE  
AREA-  
ABRASION



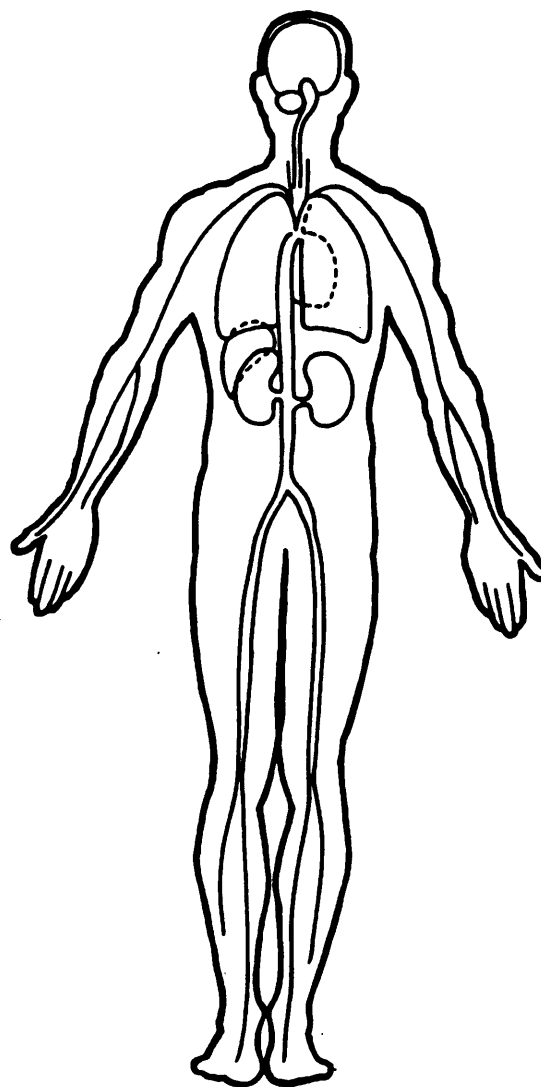
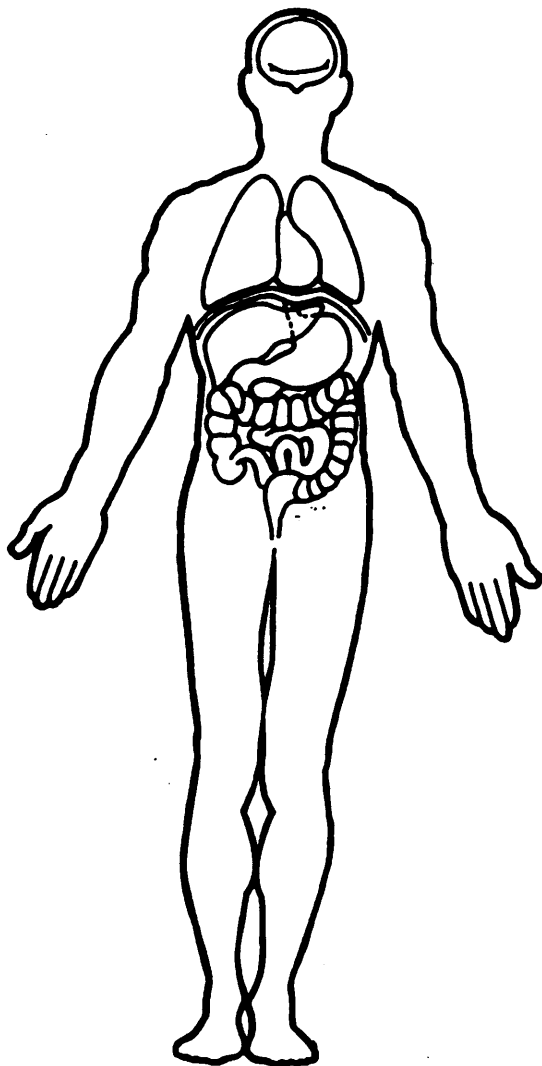
## OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



## OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





1st

# UPDATE FORM

## NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>09</u>	Driver or Occupant Name: _____
2. Case Number — Stratum	<u>003K</u>	Address: _____
3. Vehicle Number	<u>01</u>	_____
4. Occupant Number	<u>02</u>	Other Information: _____
RECEIVED 1996		(Sanitize this section prior to Update submission.)

### STATUS OF OCCUPANT INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION
<i>Reg ER only</i>			OAL08. Date Official Medical Data Requested		<u>96</u>
			OAL09. Date Official Medical Data Obtained		<u>96</u>
			OAL16. Injury Treatment Status		
			OAL17. Injury Information		
<u>Official</u>			OAL18. Medical Facility Code		<u>01</u>
a. Autopsy (invasive examination)	<u>B</u>		GV14. Alcohol Test Results For Driver		
b. Post-ER medical record which includes information about death based on non-invasive examination	<u>B</u>		GV16. Other Drug Specimen Test Type For Driver		
c. Admission record/summary or admission/discharge face sheet	<u>B</u>		OA05. Occupant's Age		
d. Discharge summary	<u>B</u>		OA06. Occupant's Sex		
e. Operative report	<u>B</u>		OA07. Occupant's Height		
f. Radiographic record(s) (X-ray, CT scan)	<u>B</u>		OA08. Occupant's Weight		
g. History and physical examination and/or consultation records	<u>B</u>		OA61. Treatment-Mortality		
h. Emergency room records (includes nurses' notes)	<u>B</u>	<u>11</u>	OA62. Type of Medical Facility (for Initial Treatment)		
i. Private physician	<u>B</u>		OA63. Hospital Stay		
<u>Unofficial</u>					
k. Lay coroner	<u>B</u>				
l. EMS record	<u>B</u>				
m. Interviewee	<u>B</u>				
n. Other source (specify):	<u>B</u>	<u>B</u>			
o. Police report	<u>B</u>	<u>B</u>			



# UPDATE FORM

<p>1. Primary Sampling Unit Number <u>09</u></p> <p>2. Case Number — Stratum <u>003 K</u></p> <p>3. Vehicle Number <u>01</u></p> <p>4. Occupant Number <u>02</u></p> <p style="text-align: center; font-weight: bold; margin-top: 20px;">RECEIVED</p> <p style="text-align: right; margin-right: 50px;">1996</p>	<p>Driver or Occupant Name: _____</p> <p>Address: _____</p> <p>Other Information: _____</p> <p style="text-align: center; font-size: small; margin-top: 10px;">(Sanitize this section prior to Update submission.)</p>
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## STATUS OF OCCUPANT INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION
<p><i>Follow up</i></p> <p>OAL08. Date Official Medical Data Requested _____ <u>96</u></p> <p>OAL09. Date Official Medical Data Obtained _____ <u>96</u></p> <p>OAL16. Injury Treatment Status _____</p> <p>OAL17. Injury Information</p> <p><u>Official</u></p> <p>a. Autopsy (invasive examination) <u>B</u> _____</p> <p>b. Post-ER medical record which includes information about death based on non-invasive examination <u>B</u> _____</p> <p>c. Admission record/summary or admission/discharge face sheet <u>B</u> _____ <u>11</u></p> <p>d. Discharge summary <u>B</u> _____ <u>11</u></p> <p>e. Operative report <u>B</u> _____</p> <p>f. Radiographic record(s) (X-ray, CT scan) <u>B</u> _____ <u>11</u></p> <p>g. History and physical examination and/or consultation records <u>B</u> _____ <u>11</u></p> <p>h. Emergency room records (includes nurses' notes) <u>B</u> _____</p> <p>j. Private physician <u>B</u> _____</p> <p><u>Unofficial</u></p> <p>k. Lay coroner <u>B</u> _____</p> <p>l. EMS record <u>B</u> _____</p> <p>m. Interviewee <u>B</u> _____</p> <p>n. Other source (specify): _____ <u>B</u> _____</p> <p>o. Police report <u>B</u> _____ <u>B</u> _____</p>			<p>OAL18. Medical Facility Code <u>01</u> _____</p> <p>GV14. Alcohol Test Results For Driver <u>96</u> _____</p> <p>GV16. Other Drug Specimen Test Type For Driver <u>0</u> _____</p> <p>OA05. Occupant's Age <u>19</u> _____</p> <p>OA06. Occupant's Sex <u>2</u> _____</p> <p>OA07. Occupant's Height <u>168</u> _____</p> <p>OA08. Occupant's Weight <u>054</u> _____</p> <p>OA61. Treatment-Mortality <u>3</u> _____</p> <p>OA62. Type of Medical Facility (for Initial Treatment) <u>1</u> _____</p> <p>OA63. Hospital Stay <u>07</u> _____</p>		



# OCCUPANT ASSESSMENT FORM

BEST AVAILABLE

Form Approved  
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

09

2. Case Number - Stratum

003K

3. Vehicle Number

01

4. Occupant Number

03

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

20

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

1

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

170

Code actual height to the nearest  
centimeter.

(999) Unknown

67 inches X 2.54 = 170 centimeters

8. Occupant's Weight

068

Code actual weight to the nearest  
kilogram.

(999) Unknown

150 pounds X .4536 = 068 kilograms

9. Occupant's Role

2

(1) Driver

(2) Passenger

(9) Unknown

## OCCUPANT'S SEATING

10. Occupant's Seat Position

21

*Front Seat*

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

*Second Seat*

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

*Third Seat*

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

*Fourth Seat*

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

0

(0) Normal posture

*Abnormal posture*

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with  
another occupant or to look out a rear  
window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in  
front of seat

(8) Other abnormal posture (specify):

(9) Unknown

## EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.  
(specify): \_\_\_\_\_
- (9) Unknown

17. Occupant Mobility 4

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons  
(specify): \_\_\_\_\_
- (9) Unknown

## BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 3

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use 00

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used—type unknown

(08) Other belt used (specify):

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat—type unknown

(18) Other belt used with child safety seat (specify):

(99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

## 21. Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment 0

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

*Adjustable Shoulder Belt Upper Anchorage*

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):
- (9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other automatic belt failure (specify):

(9) Unknown



## POLICE REPORTED RESTRAINT USE

## AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 4

- (0) None used  
 (1) Police did not indicate belt use  
 (2) Shoulder belt  
 (3) Lap belt  
 (4) Lap and shoulder belt  
 (5) Belt used, type not specified  
 (6) Child safety seat  
 (7) Automatic belt  
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 0

- (0) No air bag available  
 (1) Police did not indicate air bag availability/function  
 (2) Deployed  
 (3) Not deployed  
 (4) Unknown if deployed  
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection  
☐ Official injury data  
☐ Driver/occupant interview  
☐ Other (specify):

☐ Unknown if belt used

30. Frontal Air Bag System 0

Availability/Function  
 (This Occupant Position)

- (0) Not equipped/not available  
 (1) Air bag

*Non-functional*

(2) Air bag disconnected (specify):

- (3) Air bag not reinstalled  
 (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 0

- (0) Not equipped/not available  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available  
 (1) Air bag

*Non-functional*

(2) Air bag disconnected (specify):

- (3) Air bag not reinstalled  
 (9) Unknown

*Specify type of "other" air bag present:*

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position) 0

- (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify):

(9) Unknown

## FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

- (0) Not equipped/not available  
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)  
(3) One previous accident with deployment  
(4) More than one previous accident with at least one deployment  
(8) Previous accidents, unknown deployment status  
(9) Unknown

36. Type of Air Bag 0

- (0) Not equipped/not available  
(1) Original manufacturer installed system  
(2) Retrofitted air bag  
(3) Replacement air bag  
(8) Unknown type of air bag  
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

- (0) Not equipped/not available  
(1) No prior maintenance  
(2) Yes, prior maintenance (specify): \_\_\_\_\_  
(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

- (00) Not equipped/not available  
\_\_\_\_\_ Code the accident event sequence number that initiated the air bag deployment  
(96) Deployed, unknown event  
(97) Not deployed  
(98) Unknown if deployed  
(99) Unknown

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available  
(1) Highest delta V  
(2) Second highest delta V  
(3) Other non-coded delta V (specify): \_\_\_\_\_  
(6) Deployed, unknown event  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

40. Longitudinal Component of +Delta V For Air Bag - 000  
Deployment Impact

(\_000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

(\_996) Deployment, unknown longitudinal Delta V

(\_997) Not deployed

(\_998) Unknown if deployed

(\_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

- (0) Not equipped/not available  
(1) No  
(2) Yes  
(3) Deployed, unknown if flap(s) opened at designated tear points  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

- (0) Not equipped/not available  
(1) No  
(2) Yes (specify): \_\_\_\_\_  
(3) Deployed, unknown if air bag module cover flap(s) damaged  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

43. Was There Damage To The Air Bag? 00

- (00) Not equipped/not available  
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured  
(03) Cut  
(04) Torn  
(05) Holed  
(06) Burned  
(07) Abraded  
(88) Other damage (specify): \_\_\_\_\_

- (95) Damaged, details unknown  
(96) Deployed, unknown if damaged  
(97) Not deployed  
(98) Unknown if deployed  
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM  
EVALUATION** *continued*44. Source of Air Bag Damage 00

- (00) Not equipped/not available  
 (01) Not damaged  
 (02) Object worn by occupant, (specify):

(03) Object carried by occupant, (specify):

(04) Adaptive/assistive controls, (specify):

- (05) Fire in vehicle  
 (06) Thermal burns  
 (07) Rescue or emergency efforts  
 (08) Other damage source (specify):

- (95) Damaged, unknown source  
 (96) Deployed, unknown if damaged  
 (97) Not deployed  
 (98) Unknown if deployed  
 (99) Unknown

45. Was The Air Bag Tethered? 0

- (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of tether straps):

- (3) Deployed, unknown if tethered  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown

46. Did The Air Bag Have Vent Ports? 0

- (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of vent ports):

- (3) Deployed, unknown if vent ports present  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown

47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0

- (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify):

- (3) Deployed, unknown if other occupant contact to air bag  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown

48. Was This Occupant Wearing Eye-wear? 0

- (0) Not air bag equipped/air bag not available  
 (1) No  
 (2) Eyeglasses/sunglasses  
 (3) Contact lenses  
 (4) Deployed, unknown if eyewear worn  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown

**HEAD RESTRAINT AND SEAT EVALUATION**49. Head Restraint Type/Damage by Occupant at This Occupant Position 0

- (0) No head restraints  
 (1) Integral—no damage  
 (2) Integral—damaged during accident  
 (3) Adjustable—no damage  
 (4) Adjustable—damaged during accident  
 (5) Add-on—no damage  
 (6) Add-on—damaged during accident  
 (8) Other (specify):

(9) Unknown

50. Seat Type (this Occupant Position) 03

- (00) Occupant not seated or no seat  
 (01) Bucket  
 (02) Bucket with folding back  
 (03) Bench  
 (04) Bench with separate back cushions  
 (05) Bench with folding back(s)  
 (06) Split bench with separate back cushions  
 (07) Split bench with folding back(s)  
 (08) Pedestal (i.e., column supported)  
 (09) Box mounted seat (i.e., van type)  
 (10) Other seat type (specify):

(99) Unknown

51. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat  
 (1) Forward facing seat  
 (2) Rear facing seat  
 (3) Side facing seat (inward)  
 (4) Side facing seat (outward)  
 (8) Other (specify):

(9) Unknown

52. Seat Track Adjusted Position Prior To Impact 1

- (0) Occupant not seated or no seat  
 (1) Non-adjustable seat track

*Adjustable Seat Track*

- (2) Seat at forward most track position  
 (3) Seat between forward most and middle track positions  
 (4) Seat at middle track position  
 (5) Seat between middle and rear most track positions  
 (6) Seat at rear most track position  
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 07

(00) Occupant not seated or no seat

(01) Not adjustable

***Upright prior to impact***

(11) Moved to completely rearward position

(12) Moved to rearward midrange position

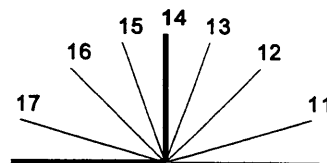
(13) Moved to slightly rearward position

(14) Retained pre-impact position

(15) Moved to slightly forward position

(16) Moved to forward midrange position

(17) Moved to completely forward position

***Slightly reclined prior to impact***

(21) Moved to completely rearward position

(22) Moved to rearward midrange position

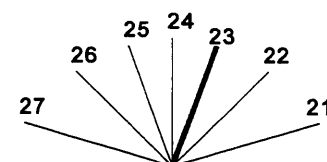
(23) Retained pre-impact position

(24) Moved to upright position

(25) Moved to slightly forward position

(26) Moved to forward midrange position

(27) Moved to completely forward position

***Completely reclined prior to impact***

(31) Retained pre-impact position

(32) Moved to rearward midrange position

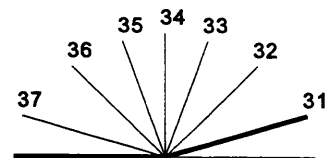
(33) Moved to slightly rearward position

(34) Moved to upright position

(35) Moved to slightly forward position

(36) Moved to forward midrange position

(37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 1

(0) Occupant not seated or no seat

(1) No seat performance failure(s)

(2) Seat adjusters failed

(3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_

(4) Seat track/anchors failed

(5) Deformed by impact of occupant

(6) Deformed by passenger compartment intrusion, (specify): \_\_\_\_\_

(7) Combination of above (specify): \_\_\_\_\_

(8) Other (specify): \_\_\_\_\_

(9) Unknown

## CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS  
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):  
\_\_\_\_\_

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 2

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):  
\_\_\_\_\_

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00

(00) No child safety seat

*Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):  
\_\_\_\_\_

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):  
\_\_\_\_\_

(19) Unknown orientation

*Unknown Design or Orientation For This  
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):  
\_\_\_\_\_

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0059. Child Safety Seat Shield Usage 0060. Child Safety Seat Tether Usage 00Note: Options below applicable to  
Variables OA58-OA60.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*(01) After market harness/shield/tether  
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market  
harness/shield/tether added(09) Unknown if harness/shield/tether  
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

**INJURY CONSEQUENCES****61. Injury Severity (Police Rating)**0

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

**62. Treatment - Mortality**

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

6 0**Nonfatal**

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):
- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

**63. Type Of Medical Facility (for Initial Treatment)**5

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

**64. Hospital Stay**00

- (00) Not Hospitalized
- Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

**65. Working Days Lost**97

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

**STOP WORK HERE****VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

**TO BE CODED BY THE ZONE CENTER****INJURY CONSEQUENCES**

66. Time to Death 00  
 \_\_\_\_\_ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)  
 (00) Not fatal  
 (96) Fatal - ruled disease  
 (99) Unknown

67. 1st Medically Reported Cause of Death 00

68. 2nd Medically Reported Cause of Death 00

69. 3rd Medically Reported Cause of Death 00  
 \_\_\_\_\_ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death  
 (00) Not fatal or no additional causes  
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify): \_\_\_\_\_

(97) Other result (includes fatal ruled disease) (specify): \_\_\_\_\_

(99) Unknown

70. Number of Recorded Injuries for This Occupant 01  
 \_\_\_\_\_ Code the actual number of injuries recorded for this occupant.  
 (00) No recorded injuries  
 (97) Injured, details unknown  
 (99) Unknown if injured

**TRAUMA DATA**

71. Glasgow Coma Scale (GCS) Score 02  
 (at Medical Facility)  
 (00) Not injured  
 (01) Injured - not treated at medical facility  
 (02) No GCS Score at medical facility  
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.  
 (97) Injured, details unknown  
 (99) Unknown if injured

72. Was the Occupant Given Blood? 1  
 (1) No - blood not given  
 (2) Yes - blood given  
 (specify units): \_\_\_\_\_  
 (9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO<sub>3</sub> 01  
 (00) Not injured  
 (01) Injured, ABGs not measured or reported  
 (02-50) Code the actual value of the HCO<sub>3</sub>  
 (96) ABGs reported, HCO<sub>3</sub> unknown  
 (97) Injured, details unknown  
 (99) Unknown if injured

**BELT USE DETERMINATION**

74. Primary Source of Belt Use Determination 1  
 (0) Not equipped/not available/destroyed or rendered inoperative  
 (1) Vehicle inspection  
 (2) Official injury data  
 (3) Driver/occupant interview  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown if belt used



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

## OCCUPANT INJURY FORM

BEST AVAILABLE Form Approved  
O.M.B. No. 2127-0021  
NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number <u>09</u>	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>003K</u>	4. Occupant Number <u>03</u>

### INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	Body Region	A.I.S. - 90				Injury Source	Injury Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number		
			Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity					Aspect	
back strain	1st	5. <u>7</u>	6. <u>6</u>	7. <u>4</u>	8. <u>06</u>	9. <u>78</u>	10. <u>1</u>	11. <u>8</u>	12. <u>603</u>	13. <u>2</u>	14. <u>3</u>	15. <u>11</u>
2nd	16. ____	17. ____	18. ____	19. ____	20. ____	21. ____	22. ____	23. ____	24. ____	25. ____	26. ____	
3rd	27. ____	28. ____	29. ____	30. ____	31. ____	32. ____	33. ____	34. ____	35. ____	36. ____	37. ____	
4th	38. ____	39. ____	40. ____	41. ____	42. ____	43. ____	44. ____	45. ____	46. ____	47. ____	48. ____	
5th	49. ____	50. ____	51. ____	52. ____	53. ____	54. ____	55. ____	56. ____	57. ____	58. ____	59. ____	
6th	60. ____	61. ____	62. ____	63. ____	64. ____	65. ____	66. ____	67. ____	68. ____	69. ____	70. ____	
7th	71. ____	72. ____	73. ____	74. ____	75. ____	76. ____	77. ____	78. ____	79. ____	80. ____	81. ____	
8th	82. ____	83. ____	84. ____	85. ____	86. ____	87. ____	88. ____	89. ____	90. ____	91. ____	92. ____	
9th	93. ____	94. ____	95. ____	96. ____	97. ____	98. ____	99. ____	100. ____	101. ____	102. ____	103. ____	
10th	104. ____	105. ____	106. ____	107. ____	108. ____	109. ____	110. ____	111. ____	112. ____	113. ____	114. ____	



**.I.S. - 90**

	Source of Injury Data	A.I.S. - 90					Aspect	Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number
		Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity					
11th	---	---	---	---	---	---	---	-----	---	---	---
12th	---	---	---	---	---	---	---	-----	---	---	---
13th	---	---	---	---	---	---	---	-----	---	---	---
14th	---	---	---	---	---	---	---	-----	---	---	---
15th	---	---	---	---	---	---	---	-----	---	---	---
16th	---	---	---	---	---	---	---	-----	---	---	---
17th	---	---	---	---	---	---	---	-----	---	---	---
18th	---	---	---	---	---	---	---	-----	---	---	---
19th	---	---	---	---	---	---	---	-----	---	---	---
20th	---	---	---	---	---	---	---	-----	---	---	---
21st	---	---	---	---	---	---	---	-----	---	---	---
22nd	---	---	---	---	---	---	---	-----	---	---	---
23rd	---	---	---	---	---	---	---	-----	---	---	---
24th	---	---	---	---	---	---	---	-----	---	---	---
25th	---	---	---	---	---	---	---	-----	---	---	---

**OCCUPANT INJURY CLASSIFICATION**

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive	(1) Right
(2) Face		two-digit numbers beginning with 02.	(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>		(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned		(4) Central
(5) Abdomen	consecutive two digit		(5) Anterior
(6) Spine	numbers beginning with	To the extent possible,	(6) Posterior
(7) Upper Extremity	02.	within the organizational	(7) Superior
(8) Lower Extremity		framework of the AIS, 00	(8) Inferior
(9) Unspecified	The exceptions to this rule	is assigned to an injury	(9) Unknown
	apply to:	NFS as to severity or	(0) Whole region
		where only one injury is	
		given in the dictionary for	
		that anatomic structure.	
		99 is assigned to any	
		injury NFS as to lesion or	
		severity.	
<b>Type of Anatomic Structure</b>	<u>Whole Area</u>	<b>Abbreviated Injury Scale</b>	
(1) Whole Area	(02) Skin - Abrasion	(1) Minor Injury	
(2) Vessels	(04) Skin - Contusion	(2) Moderate Injury	
(3) Nerves	(06) Skin - Laceration	(3) Serious Injury	
(4) Organs (includes	(08) Skin - Avulsion	(4) Severe Injury	
Muscles/ligaments)	(10) Amputation	(5) Critical Injury	
(5) Skeletal (includes	(20) Burn	(6) Maximum	
joints)	(30) Crush	(untreatable)	
(6) Head - LOC	(40) Degloving	(7) Injured, unknown	
(9) Skin	(50) Injury - NFS	severity	
	(90) Trauma, other than		
	mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

SOURCE OF INJURY DATA	INJURY SOURCE CONFIDENCE LEVEL	DIRECT/INDIRECT INJURY
<u>OFFICIAL RECORDS</u>		
(1) Autopsy records with or without hospital/medical records	(1) Certain	(1) Direct contact injury
(2) Hospital/medical records other than emergency room (e.g., discharge summary)	(2) Probable	(2) Indirect contact injury
(3) Emergency room records only (including associated X-rays or other lab reports)	(3) Possible	(3) Noncontact injury
(4) Private physician, walk-in or emergency clinic	(9) Unknown	(7) Injured, unknown source
<u>UNOFFICIAL RECORDS</u>		
(5) Lay coroner report		
(6) E.M.S. personnel		
(7) Interviewee		
(8) Other source (specify): _____		
(9) Police		

## INJURY SOURCES

### FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): \_\_\_\_\_
- (019) Other front object (specify): \_\_\_\_\_

### LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): \_\_\_\_\_
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): \_\_\_\_\_

### RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): \_\_\_\_\_
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): \_\_\_\_\_

### INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): \_\_\_\_\_
- (155) Head restraint system
- (160) Other occupants (specify): \_\_\_\_\_
- (161) Interior loose objects
- (162) Child safety seat (specify): \_\_\_\_\_
- (163) Other interior object (specify): \_\_\_\_\_

### AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify): \_\_\_\_\_
- (195) Other air bag compartment cover (specify): \_\_\_\_\_

### ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top
- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

### REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): \_\_\_\_\_

### ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): \_\_\_\_\_
- (409) Additional or relocated switches, (specify): \_\_\_\_\_
- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): \_\_\_\_\_

### EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): \_\_\_\_\_
- (454) Unknown exterior objects

### EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): \_\_\_\_\_
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): \_\_\_\_\_
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): \_\_\_\_\_
- (514) Unknown exterior of other motor vehicle

### OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify): \_\_\_\_\_
- (599) Unknown vehicle or object

### NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): *impact force*
- (604) Air bag exhaust gases
- (697) Injured, unknown source

# OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restrained?

☐ No

☐ Yes

Blood Alcohol Level  
(mg/dl)

BAL = \_\_\_\_

Glasgow Coma  
Scale Score

GCSS = \_\_\_\_

Units of Blood  
Given

Units = \_\_\_\_

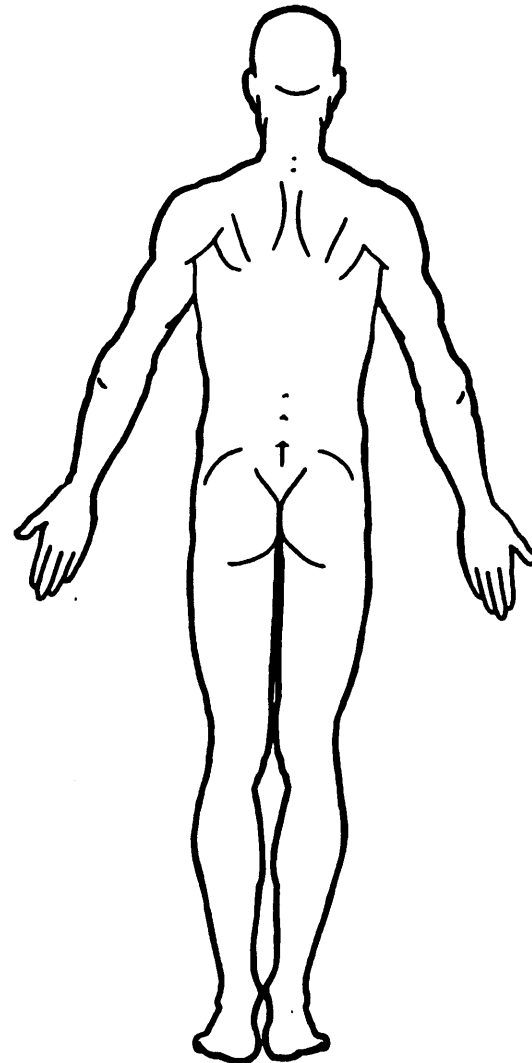
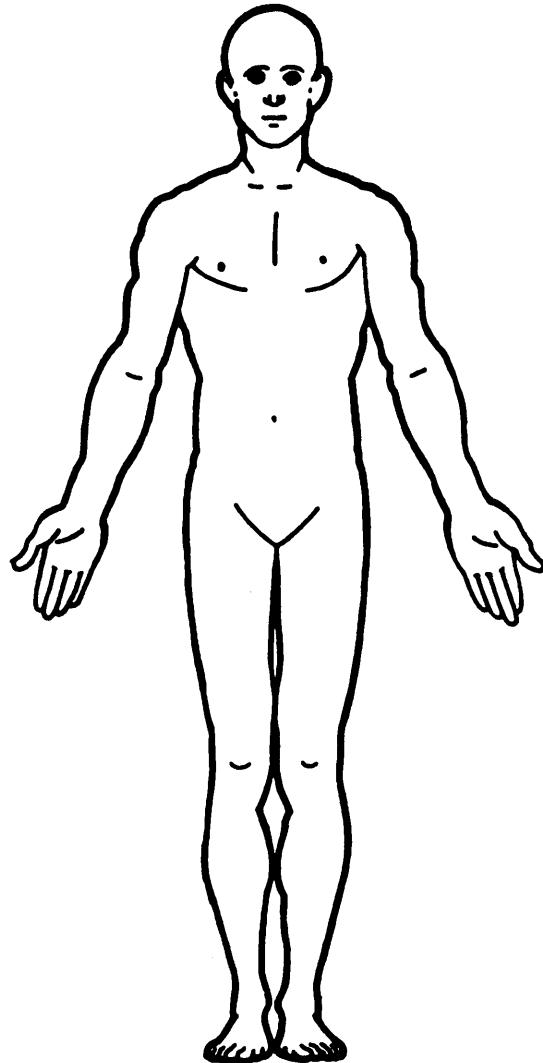
Arterial Blood Gases

pH = \_\_\_\_

PO<sub>2</sub> = \_\_\_\_

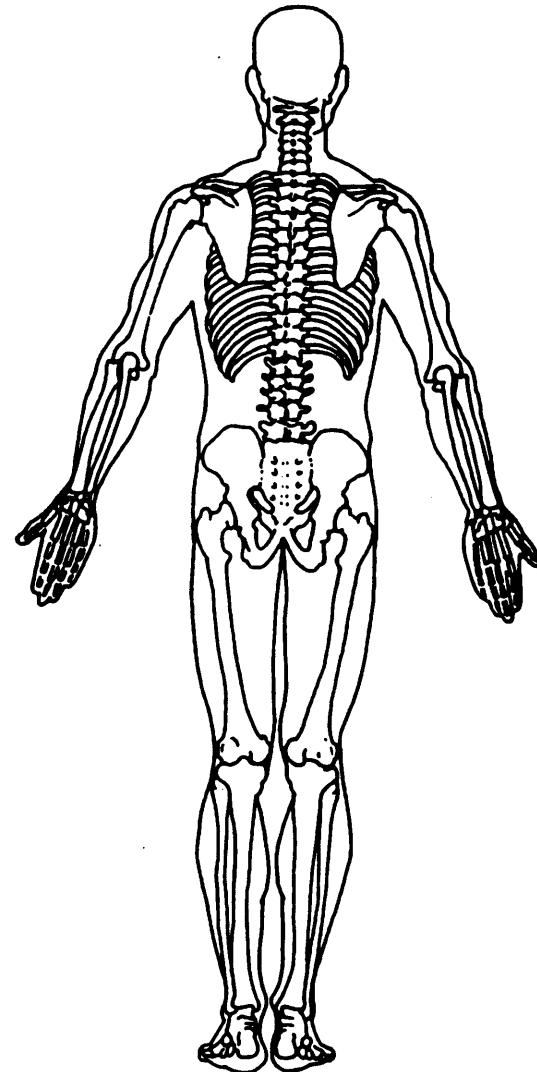
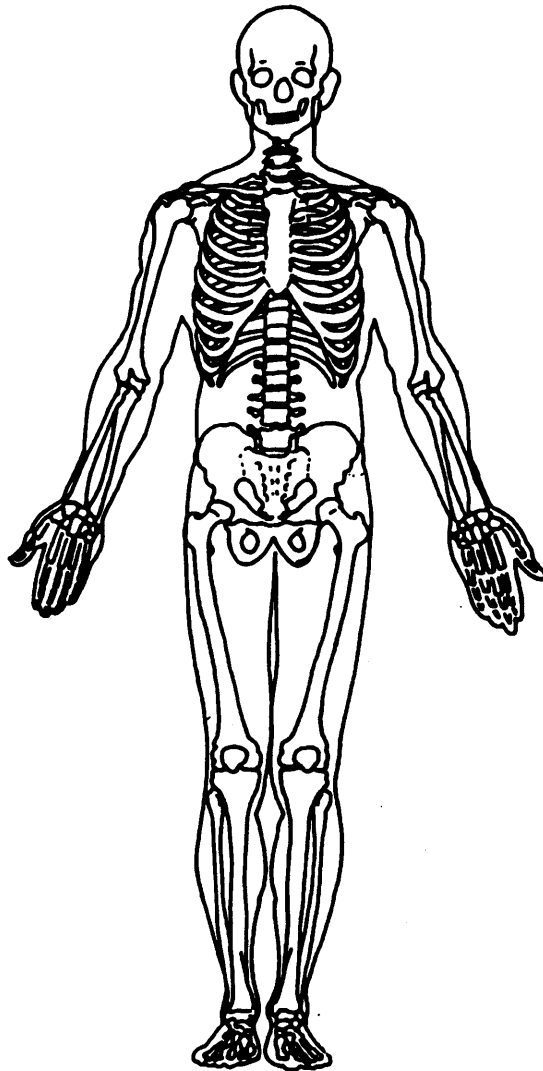
PCO<sub>2</sub> \_\_\_\_

HCO<sub>3</sub> \_\_\_\_



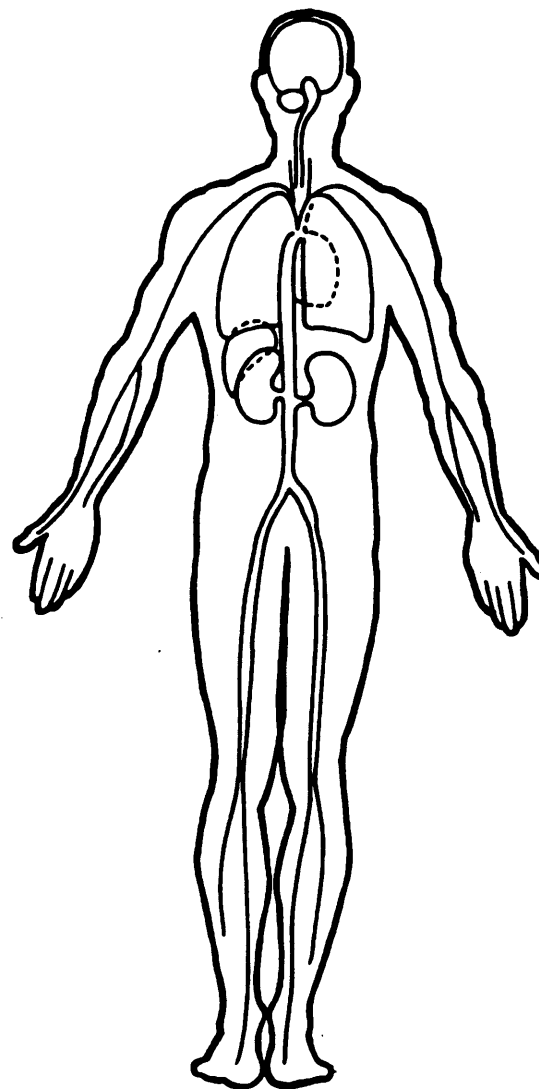
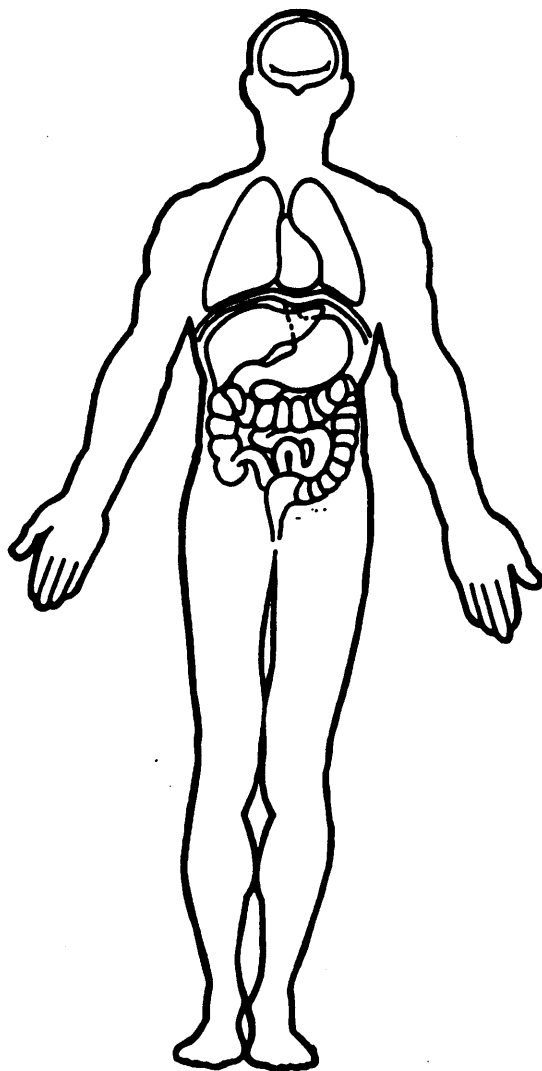
## OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



## OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





# OCCUPANT ASSESSMENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

OCCUPANT'S SEATING	
1. Primary Sampling Unit Number <u>09</u>	10. Occupant's Seat Position <u>22</u>
2. Case Number - Stratum <u>003E</u>	<i>Front Seat</i>
3. Vehicle Number <u>01</u>	(11) Left side
4. Occupant Number <u>04</u>	(12) Middle
(13) Right side	
(14) Other (specify): _____	
(15) On or in the lap of another occupant	
<i>Second Seat</i>	
(21) Left side	
(22) Middle	
(23) Right side	
(24) Other (specify): _____	
(25) On or in the lap of another occupant	
<i>Third Seat</i>	
(31) Left side	
(32) Middle	
(33) Right side	
(34) Other (specify): _____	
(35) On or in the lap of another occupant	
<i>Fourth Seat</i>	
(41) Left side	
(42) Middle	
(43) Right side	
(44) Other (specify): _____	
(45) On or in the lap of another occupant	
(97) In or on unenclosed area	
(98) Other seat (specify): _____	
(99) Unknown	
11. Occupant's Posture <u>0</u>	
(0) Normal posture	
<i>Abnormal posture</i>	
(1) Kneeling or standing on seat	
(2) Lying on or across seat	
(3) Kneeling, standing or sitting in front of seat	
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window	
(5) Sitting on a console	
(6) Lying back in a reclined seat position	
(7) Bracing with feet or hands on a surface in front of seat	
(8) Other abnormal posture (specify): _____	
(9) Unknown	

OCCUPANT'S CHARACTERISTICS	
5. Occupant's Age <u>18</u>	
Code actual age at time of accident.	
(00) Less than one year old (specify by month): _____	
(97) 97 years and older	
(99) Unknown	
6. Occupant's Sex <u>2</u>	
(1) Male	
(2) Female-not reported pregnant	
(3) Female-pregnant-1st trimester(1st-3rd month)	
(4) Female-pregnant-2nd trimester(4th-6th month)	
(5) Female-pregnant-3rd trimester(7th-9th month)	
(6) Female-pregnant-term unknown	
(9) Unknown	
7. Occupant's Height <u>180</u>	
Code actual height to the nearest centimeter.	
(999) Unknown	
<u>71</u> inches X 2.54 = <u>180</u> centimeters	
8. Occupant's Weight <u>073</u>	
Code actual weight to the nearest kilogram.	
(999) Unknown	
<u>160</u> pounds X .4536 = <u>073</u> kilograms	
9. Occupant's Role <u>2</u>	
(1) Driver	
(2) Passenger	
(9) Unknown	

## EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.  
(specify): \_\_\_\_\_
- (9) Unknown

17. Occupant Mobility 4

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons  
(specify): \_\_\_\_\_
- (9) Unknown



## BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 3

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use 00

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment 0

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

*Adjustable shoulder Belt Upper Anchorage*

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):
- (9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):

(9) Unknown

## POLICE REPORTED RESTRAINT USE

## AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 4

- (0) None used
- (1) Police did not indicate belt use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Automatic belt
- (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 0

- (0) No air bag available
- (1) Police did not indicate air bag availability/function
- (2) Deployed
- (3) Not deployed
- (4) Unknown if deployed
- (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection
- ☐ Official injury data
- ☐ Driver/occupant interview
- ☐ Other (specify):

☐ Unknown if belt used

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30. Frontal Air Bag System Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
- (1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
- (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 0

- (0) Not equipped/not available
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
- (1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
- (9) Unknown

*Specify type of "other" air bag present:*

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position) 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):

(9) Unknown

## FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

- (0) Not equipped/not available  
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)  
(3) One previous accident with deployment  
(4) More than one previous accident with at least one deployment  
(8) Previous accidents, unknown deployment status  
(9) Unknown

36. Type of Air Bag 0

- (0) Not equipped/not available  
(1) Original manufacturer installed system  
(2) Retrofitted air bag  
(3) Replacement air bag  
(8) Unknown type of air bag  
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

- (0) Not equipped/not available  
(1) No prior maintenance  
(2) Yes, prior maintenance (specify): \_\_\_\_\_  
(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

- (00) Not equipped/not available  
\_\_\_\_\_ Code the accident event sequence number that initiated the air bag deployment  
(96) Deployed, unknown event  
(97) Not deployed  
(98) Unknown if deployed  
(99) Unknown

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available  
(1) Highest delta V  
(2) Second highest delta V  
(3) Other non-coded delta V (specify): \_\_\_\_\_  
(6) Deployed, unknown event  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

40. Longitudinal Component of +Delta V For Air Bag - 000  
Deployment Impact

- (\_000) Not equipped/not available  
*Code the value of the delta V for the impact that initiated the air bag deployment*  
(\_996) Deployment, unknown longitudinal Delta V  
(\_997) Not deployed  
(\_998) Unknown if deployed  
(\_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

- (0) Not equipped/not available  
(1) No  
(2) Yes  
(3) Deployed, unknown if flap(s) opened at designated tear points  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

- (0) Not equipped/not available  
(1) No  
(2) Yes (specify): \_\_\_\_\_  
(3) Deployed, unknown if air bag module cover flap(s) damaged  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

43. Was There Damage To The Air Bag? 00

- (00) Not equipped/not available  
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured  
(03) Cut  
(04) Torn  
(05) Holed  
(06) Burned  
(07) Abraded  
(88) Other damage (specify): \_\_\_\_\_

- (95) Damaged, details unknown  
(96) Deployed, unknown if damaged  
(97) Not deployed  
(98) Unknown if deployed  
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM  
EVALUATION** *continued*

44. Source of Air Bag Damage 00  
 (00) Not equipped/not available  
 (01) Not damaged  
 (02) Object worn by occupant, (specify):  
 (03) Object carried by occupant, (specify):  
 (04) Adaptive/assistive controls, (specify):  
 (05) Fire in vehicle  
 (06) Thermal burns  
 (07) Rescue or emergency efforts  
 (08) Other damage source (specify):  
 (95) Damaged, unknown source  
 (96) Deployed, unknown if damaged  
 (97) Not deployed  
 (98) Unknown if deployed  
 (99) Unknown
45. Was The Air Bag Tethered? 0  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of tether straps):  
 (3) Deployed, unknown if tethered  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 0  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of vent ports):  
 (3) Deployed, unknown if vent ports present  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify):  
 (3) Deployed, unknown if other occupant contact to air bag  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 0  
 (0) Not air bag equipped/air bag not available  
 (1) No  
 (2) Eyeglasses/sunglasses  
 (3) Contact lenses  
 (4) Deployed, unknown if eyewear worn  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown

**HEAD RESTRAINT AND SEAT EVALUATION**

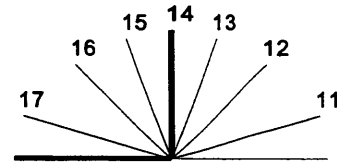
49. Head Restraint Type/Damage by Occupant at This Occupant Position 0  
 (0) No head restraints  
 (1) Integral—no damage  
 (2) Integral—damaged during accident  
 (3) Adjustable—no damage  
 (4) Adjustable—damaged during accident  
 (5) Add-on—no damage  
 (6) Add-on—damaged during accident  
 (8) Other (specify):  
 (9) Unknown
50. Seat Type (this Occupant Position) 03  
 (00) Occupant not seated or no seat  
 (01) Bucket  
 (02) Bucket with folding back  
 (03) Bench  
 (04) Bench with separate back cushions  
 (05) Bench with folding back(s)  
 (06) Split bench with separate back cushions  
 (07) Split bench with folding back(s)  
 (08) Pedestal (i.e., column supported)  
 (09) Box mounted seat (i.e., van type)  
 (10) Other seat type (specify):  
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1  
 (0) Occupant not seated or no seat  
 (1) Forward facing seat  
 (2) Rear facing seat  
 (3) Side facing seat (inward)  
 (4) Side facing seat (outward)  
 (8) Other (specify):  
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 1  
 (0) Occupant not seated or no seat  
 (1) Non-adjustable seat track
- Adjustable Seat Track**  
 (2) Seat at forward most track position  
 (3) Seat between forward most and middle track positions  
 (4) Seat at middle track position  
 (5) Seat between middle and rear most track positions  
 (6) Seat at rear most track position  
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 01

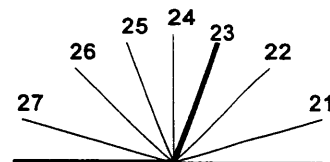
- (00) Occupant not seated or no seat  
 (01) Not adjustable

***Upright prior to impact***

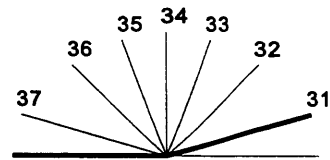
- (11) Moved to completely rearward position  
 (12) Moved to rearward midrange position  
 (13) Moved to slightly rearward position  
 (14) Retained pre-impact position  
 (15) Moved to slightly forward position  
 (16) Moved to forward midrange position  
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position  
 (22) Moved to rearward midrange position  
 (23) Retained pre-impact position  
 (24) Moved to upright position  
 (25) Moved to slightly forward position  
 (26) Moved to forward midrange position  
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position  
 (32) Moved to rearward midrange position  
 (33) Moved to slightly rearward position  
 (34) Moved to upright position  
 (35) Moved to slightly forward position  
 (36) Moved to forward midrange position  
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat  
 (1) No seat performance failure(s)  
 (2) Seat adjusters failed  
 (3) Seat back folding locks or "seat back" failed  
     (specify): \_\_\_\_\_  
 (4) Seat track/anchors failed  
 (5) Deformed by impact of occupant  
 (6) Deformed by passenger compartment  
     intrusion, (specify): \_\_\_\_\_  
 (7) Combination of above (specify): \_\_\_\_\_  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

## CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS  
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):  
\_\_\_\_\_

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):  
\_\_\_\_\_

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00

(00) No child safety seat

*Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):  
\_\_\_\_\_

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):  
\_\_\_\_\_

(19) Unknown orientation

*Unknown Design or Orientation For This  
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):  
\_\_\_\_\_

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0059. Child Safety Seat Shield Usage 0060. Child Safety Seat Tether Usage 00Note: Options below applicable to  
Variables OA58-OA60.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*(01) After market harness/shield/tether  
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market  
harness/shield/tether added(09) Unknown if harness/shield/tether  
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

**INJURY CONSEQUENCES**61. Injury Severity (Police Rating) 0

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 0

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):  
\_\_\_\_\_

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):  
\_\_\_\_\_
- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 0

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):  
\_\_\_\_\_
- (9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
- \_\_\_\_\_ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- \_\_\_\_\_ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

**STOP WORK HERE****VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

**TO BE CODED BY THE ZONE CENTER****INJURY CONSEQUENCES**

## 66. Time to Death

00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal  
(96) Fatal - ruled disease  
(99) Unknown

## 67. 1st Medically Reported Cause of Death

00

## 68. 2nd Medically Reported Cause of Death

00

## 69. 3rd Medically Reported Cause of Death

00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes  
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

## 70. Number of Recorded Injuries for This Occupant

00

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries  
(97) Injured, details unknown  
(99) Unknown if injured

**TRAUMA DATA**

## 71. Glasgow Coma Scale (GCS) Score (at Medical Facility)

00

- (00) Not injured  
(01) Injured - not treated at medical facility  
(02) No GCS Score at medical facility  
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.  
(97) Injured, details unknown  
(99) Unknown if injured

## 72. Was the Occupant Given Blood?

1

- (1) No - blood not given  
(2) Yes - blood given  
(specify units):  
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO<sub>3</sub>00

- (00) Not injured  
(01) Injured, ABGs not measured or reported  
(02-50) Code the actual value of the HCO<sub>3</sub>  
(96) ABGs reported, HCO<sub>3</sub> unknown  
(97) Injured, details unknown  
(99) Unknown if injured

**BELT USE DETERMINATION**

## 74. Primary Source of Belt Use Determination

1

- (0) Not equipped/not available/destroyed or rendered inoperative  
(1) Vehicle inspection  
(2) Official injury data  
(3) Driver/occupant interview  
(8) Other (specify):  
(9) Unknown if belt used





U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

BEST AVAILABLE

Form Approved  
O.M.B. No. 2127-0021

## OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>09</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>003K</u>	4. Occupant Number	<u>04</u>

### INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	Body Region	A.I.S. - 90				Injury Source	Injury Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
			Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity				
<i>No codable injuries</i>										
1st	5. ___	6. ___	7. ___	8. ___	9. ___	10. ___	11. ___	12. ___	13. ___	14. ___ 15. ___
2nd	16. ___	17. ___	18. ___	19. ___	20. ___	21. ___	22. ___	23. ___	24. ___	25. ___ 26. ___
3rd	27. ___	28. ___	29. ___	30. ___	31. ___	32. ___	33. ___	34. ___	35. ___	36. ___ 37. ___
4th	38. ___	39. ___	40. ___	41. ___	42. ___	43. ___	44. ___	45. ___	46. ___	47. ___ 48. ___
5th	49. ___	50. ___	51. ___	52. ___	53. ___	54. ___	55. ___	56. ___	57. ___	58. ___ 59. ___
6th	60. ___	61. ___	62. ___	63. ___	64. ___	65. ___	66. ___	67. ___	68. ___	69. ___ 70. ___
7th	71. ___	72. ___	73. ___	74. ___	75. ___	76. ___	77. ___	78. ___	79. ___	80. ___ 81. ___
8th	82. ___	83. ___	84. ___	85. ___	86. ___	87. ___	88. ___	89. ___	90. ___	91. ___ 92. ___
9th	93. ___	94. ___	95. ___	96. ___	97. ___	98. ___	99. ___	100. ___	101. ___	102. ___ 103. ___
10th	104. ___	105. ___	106. ___	107. ___	108. ___	109. ___	110. ___	111. ___	112. ___	113. ___ 114. ___

# OCCUPANT INJURY DATA

Source of Injury Data	A.I.S. - 90				Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure								
11th	—	—	—	—	—	—	—	—	—	—	—
12th	—	—	—	—	—	—	—	—	—	—	—
13th	—	—	—	—	—	—	—	—	—	—	—
14th	—	—	—	—	—	—	—	—	—	—	—
15th	—	—	—	—	—	—	—	—	—	—	—
16th	—	—	—	—	—	—	—	—	—	—	—
17th	—	—	—	—	—	—	—	—	—	—	—
18th	—	—	—	—	—	—	—	—	—	—	—
19th	—	—	—	—	—	—	—	—	—	—	—
20th	—	—	—	—	—	—	—	—	—	—	—
21st	—	—	—	—	—	—	—	—	—	—	—
22nd	—	—	—	—	—	—	—	—	—	—	—
23rd	—	—	—	—	—	—	—	—	—	—	—
24th	—	—	—	—	—	—	—	—	—	—	—
25th	—	—	—	—	—	—	—	—	—	—	—

**OCCUPANT INJURY CLASSIFICATION**

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive	(1) Right
(2) Face		two-digit numbers beginning with 02.	(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>		(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen		To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified	The exceptions to this rule apply to:		(9) Unknown
			(0) Whole region
Type of Anatomic Structure	Whole Area		
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

**Abbreviated Injury Scale**

- (1) Minor Injury
- (2) Moderate Injury
- (3) Serious Injury
- (4) Severe Injury
- (5) Critical Injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

**SOURCE OF INJURY DATA****INJURY SOURCE****DIRECT/INDIRECT INJURY****CONFIDENCE LEVEL**OFFICIAL RECORDS

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): \_\_\_\_\_

- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

## INJURY SOURCES

### FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): \_\_\_\_\_
- (019) Other front object (specify): \_\_\_\_\_

### LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): \_\_\_\_\_
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): \_\_\_\_\_

### RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): \_\_\_\_\_
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): \_\_\_\_\_

### INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): \_\_\_\_\_
- (155) Head restraint system
- (160) Other occupants (specify): \_\_\_\_\_
- (161) Interior loose objects
- (162) Child safety seat (specify): \_\_\_\_\_
- (163) Other interior object (specify): \_\_\_\_\_

### AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify) \_\_\_\_\_
- (195) Other air bag compartment cover (specify) \_\_\_\_\_

### ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

### FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

### REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): \_\_\_\_\_

### ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): \_\_\_\_\_
- (409) Additional or relocated switches, (specify): \_\_\_\_\_
- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): \_\_\_\_\_

### EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): \_\_\_\_\_
- (454) Unknown exterior objects

### EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): \_\_\_\_\_
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): \_\_\_\_\_
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): \_\_\_\_\_
- (514) Unknown exterior of other motor vehicle

### OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify): \_\_\_\_\_
- (599) Unknown vehicle or object

### NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): \_\_\_\_\_
- (604) Air bag exhaust gases
- (697) Injured, unknown source

# OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restrained?

☐ No

☐ Yes

Blood Alcohol Level  
(mg/dl)

BAL = \_\_\_\_

Glasgow Coma  
Scale Score

GCSS = \_\_\_\_

Units of Blood  
Given

Units = \_\_\_\_

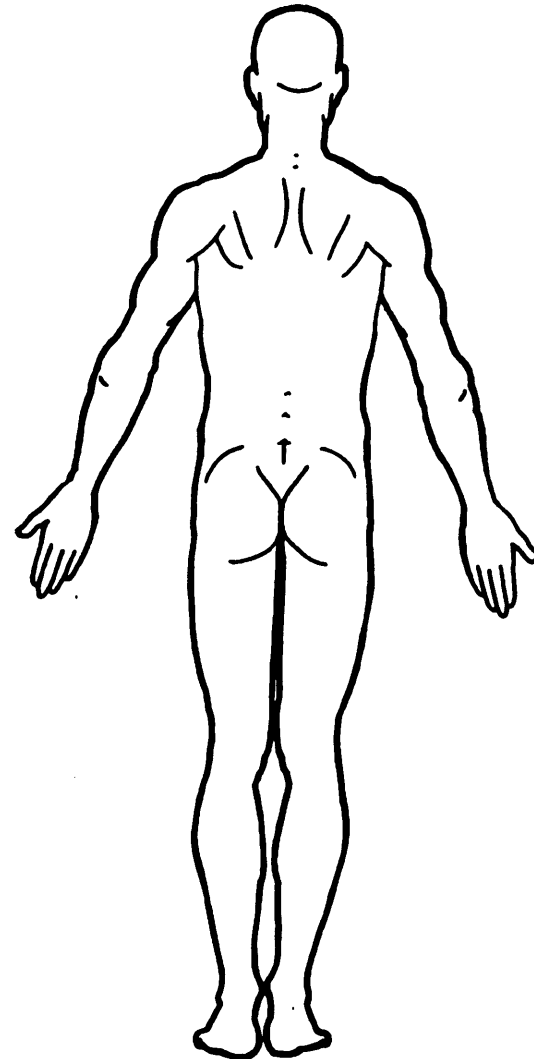
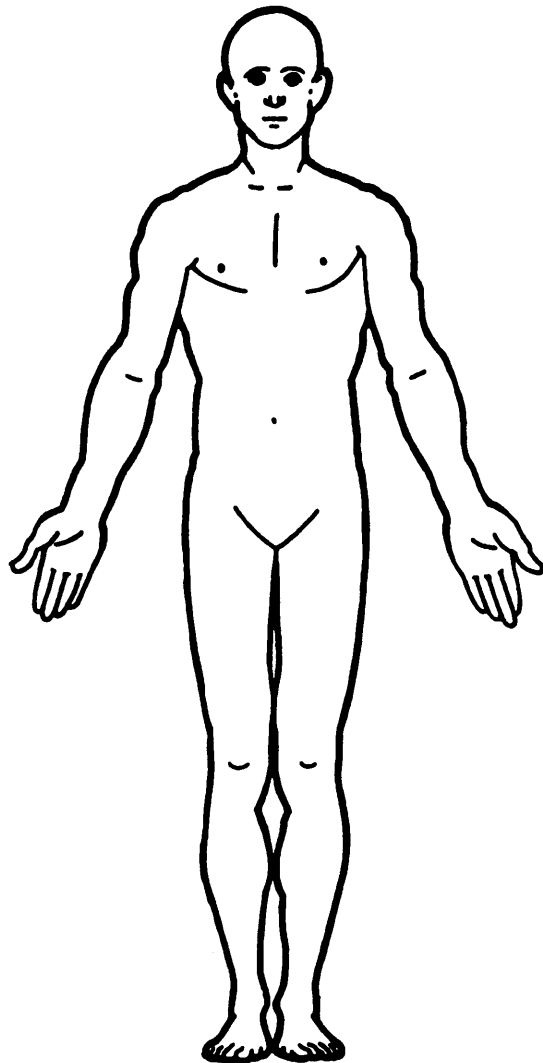
Arterial Blood Gases

pH = \_\_\_\_

PO<sub>2</sub> = \_\_\_\_

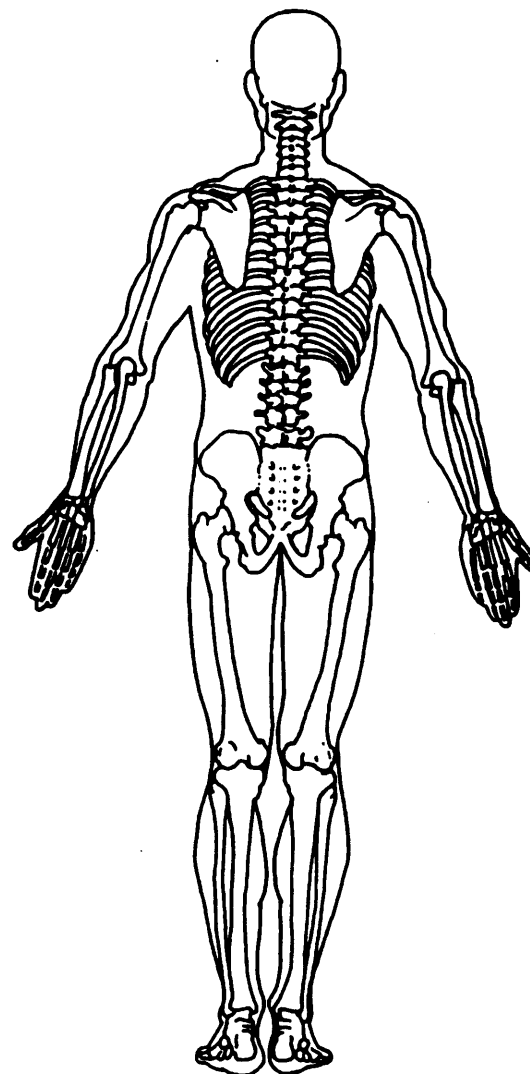
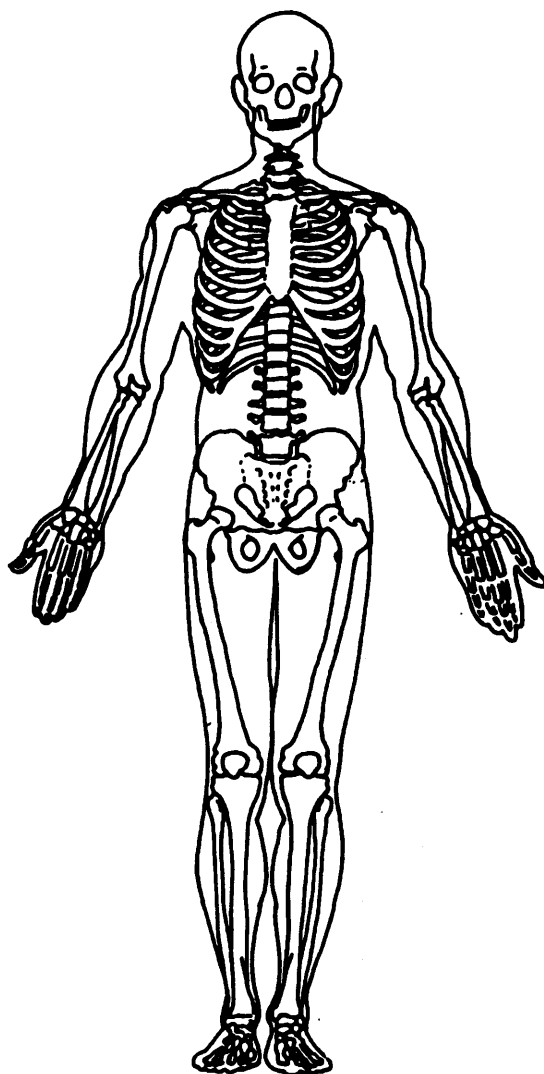
PCO<sub>2</sub> \_\_\_\_

HCO<sub>3</sub> \_\_\_\_



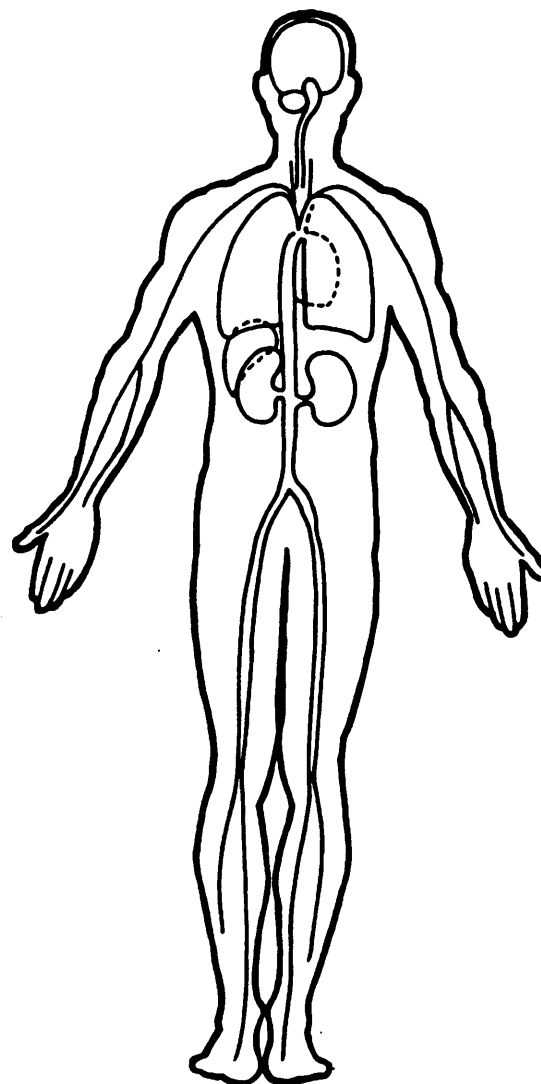
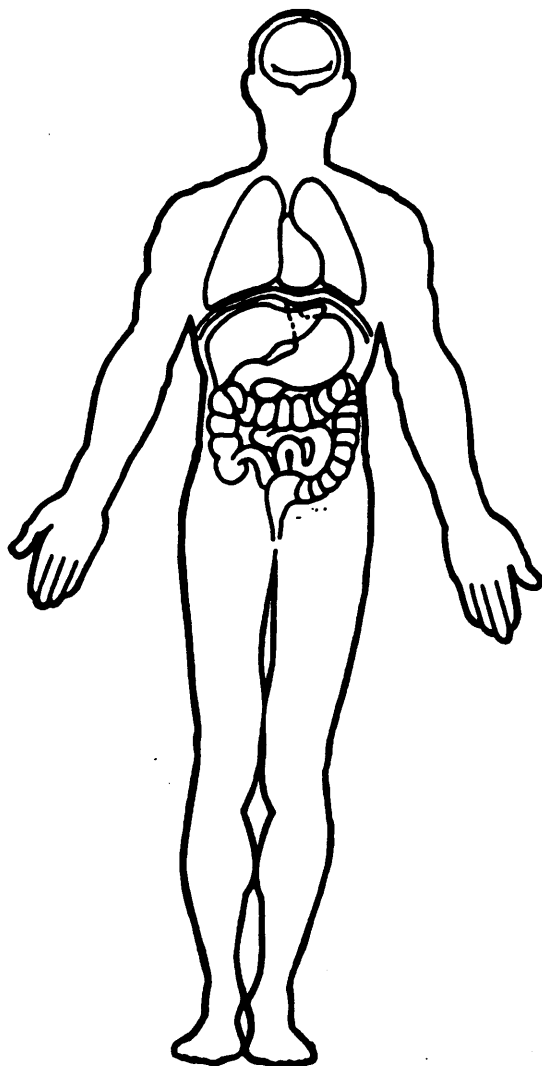
## OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



## OFFICIAL INJURY DATA – INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





# OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 09
2. Case Number - Stratum 003K
3. Vehicle Number 01
4. Occupant Number 05

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 21  
Code actual age at time of accident.  
(00) Less than one year old (specify by month):  
  
(97) 97 years and older  
(99) Unknown

6. Occupant's Sex 1  
(1) Male  
(2) Female-not reported pregnant  
(3) Female-pregnant-1st trimester(1st-3rd month)  
(4) Female-pregnant-2nd trimester(4th-6th month)  
(5) Female-pregnant-3rd trimester(7th-9th month)  
(6) Female-pregnant-term unknown  
(9) Unknown

7. Occupant's Height 180  
Code actual height to the nearest  
centimeter.  
(999) Unknown

71 inches X 2.54 = 180 centimeters

8. Occupant's Weight 073  
Code actual weight to the nearest  
kilogram.  
(999) Unknown

160 pounds X .4536 = 073 kilograms

9. Occupant's Role 2  
(1) Driver  
(2) Passenger  
(9) Unknown

## OCCUPANT'S SEATING

10. Occupant's Seat Position 23  
*Front Seat*  
(11) Left side  
(12) Middle  
(13) Right side  
(14) Other (specify):  
(15) On or in the lap of another occupant

- Second Seat*  
(21) Left side  
(22) Middle  
(23) Right side  
(24) Other (specify):  
(25) On or in the lap of another occupant

- Third Seat*  
(31) Left side  
(32) Middle  
(33) Right side  
(34) Other (specify):  
(35) On or in the lap of another occupant

- Fourth Seat*  
(41) Left side  
(42) Middle  
(43) Right side  
(44) Other (specify):  
(45) On or in the lap of another occupant

- (97) In or on unenclosed area  
(98) Other seat (specify):  
(99) Unknown

11. Occupant's Posture 0  
(0) Normal posture

- Abnormal posture*  
(1) Kneeling or standing on seat  
(2) Lying on or across seat  
(3) Kneeling, standing or sitting in front of seat  
(4) Sitting sideways or turned to talk with  
another occupant or to look out a rear  
window  
(5) Sitting on a console  
(6) Lying back in a reclined seat position  
(7) Bracing with feet or hands on a surface in  
front of seat  
(8) Other abnormal posture (specify):  
(9) Unknown



## EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.  
(specify): \_\_\_\_\_
- (9) Unknown

17. Occupant Mobility 4

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons  
(specify): \_\_\_\_\_
- (9) Unknown

## BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 3

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use 00

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used—type unknown

(08) Other belt used (specify):

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat—type unknown

(18) Other belt used with child safety seat (specify):

(99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment 0

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

*Adjustable shoulder Belt Upper Anchorage*

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):
- (9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other automatic belt failure (specify):

(9) Unknown

## POLICE REPORTED RESTRAINT USE

## AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 4

- (0) None used  
 (1) Police did not indicate belt use  
 (2) Shoulder belt  
 (3) Lap belt  
 (4) Lap and shoulder belt  
 (5) Belt used, type not specified  
 (6) Child safety seat  
 (7) Automatic belt  
 (8) Other type belt, (specify):

\_\_\_\_\_  
 (9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 0

- (0) No air bag available  
 (1) Police did not indicate air bag availability/function  
 (2) Deployed  
 (3) Not deployed  
 (4) Unknown if deployed  
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- [ ☒ ] Vehicle inspection  
 [ ☐ ] Official injury data  
 [ ☐ ] Driver/occupant interview  
 [ ☐ ] Other (specify):

[ ☐ ] Unknown if belt used

30. Frontal Air Bag System 0

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available  
 (1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled  
 (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 0

- (0) Not equipped/not available  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function 0

(This Occupant Position)

- (0) Not equipped/not available  
 (1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled  
 (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

34. Are There Indications of Air Bag System Failure? 0

(This Occupant Position)

- (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify):

\_\_\_\_\_  
 (9) Unknown

## FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

(0) Not equipped/not available

(1) No previous accidents

Yes

(2) Previous accident(s) without deployment(s)

(3) One previous accident with deployment

(4) More than one previous accident with at least one deployment

(8) Previous accidents, unknown deployment status

(9) Unknown

36. Type of Air Bag 0

(0) Not equipped/not available

(1) Original manufacturer installed system

(2) Retrofitted air bag

(3) Replacement air bag

(8) Unknown type of air bag

(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

(0) Not equipped/not available

(1) No prior maintenance

(2) Yes, prior maintenance (specify):

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

(00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment

(96) Deployed, unknown event

(97) Not deployed

(98) Unknown if deployed

(99) Unknown

39. CDC For Air Bag Deployment Impact 0

(0) Not equipped/not available

(1) Highest delta V

(2) Second highest delta V

(3) Other non-coded delta V (specify):

(6) Deployed, unknown event

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

40. Longitudinal Component of

Delta V For Air Bag

Deployment Impact

+ 000  
( \_000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

(\_996) Deployment, unknown longitudinal Delta V

(\_997) Not deployed

(\_998) Unknown if deployed

(\_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

(0) Not equipped/not available

(1) No

(2) Yes

(3) Deployed, unknown if flap(s) opened at designated tear points

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

(0) Not equipped/not available

(1) No

(2) Yes (specify):

(3) Deployed, unknown if air bag module cover flap(s) damaged

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

43. Was There Damage To The Air Bag? 00

(00) Not equipped/not available

(01) Not damaged

Yes - Air Bag Damage

(02) Ruptured

(03) Cut

(04) Torn

(05) Holed

(06) Burned

(07) Abraded

(88) Other damage (specify):

(95) Damaged, details unknown

(96) Deployed, unknown if damaged

(97) Not deployed

(98) Unknown if deployed

(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM  
EVALUATION** *continued***44. Source of Air Bag Damage** 00

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):  
\_\_\_\_\_
- (03) Object carried by occupant, (specify):  
\_\_\_\_\_
- (04) Adaptive/assistive controls, (specify):  
\_\_\_\_\_
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):  
\_\_\_\_\_

- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

**45. Was The Air Bag Tethered?** 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps):  
\_\_\_\_\_

- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

**46. Did The Air Bag Have Vent Ports?** 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports):  
\_\_\_\_\_

- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

**47. Was the Air Bag in this Occupant's Position  
Contacted by Another Occupant?** 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):  
\_\_\_\_\_
- (3) Deployed, unknown if other occupant contact  
to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

**48. Was This Occupant Wearing Eye-wear?** 0

- (0) Not air bag equipped/air bag not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

**HEAD RESTRAINT AND SEAT EVALUATION****49. Head Restraint Type/Damage by Occupant  
at This Occupant Position** 0

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify):  
\_\_\_\_\_
- (9) Unknown

**50. Seat Type (this Occupant Position)** 03

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Box mounted seat (i.e., van type)
- (10) Other seat type (specify):  
\_\_\_\_\_

- (99) Unknown

**51. Seat Orientation (this Occupant Position)** 1

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):  
\_\_\_\_\_

- (9) Unknown

**52. Seat Track Adjusted Position Prior To Impact** 1

- (0) Occupant not seated or no seat
- (1) Non-adjustable seat track

**Adjustable Seat Track**

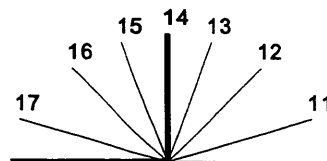
- (2) Seat at forward most track position
- (3) Seat between forward most and middle track  
positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track  
positions
- (6) Seat at rear most track position
- (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 01

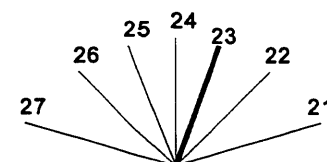
- (00) Occupant not seated or no seat  
 (01) Not adjustable

***Upright prior to impact***

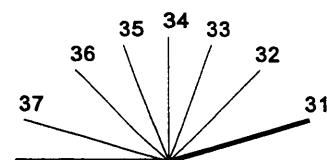
- (11) Moved to completely rearward position  
 (12) Moved to rearward midrange position  
 (13) Moved to slightly rearward position  
 (14) Retained pre-impact position  
 (15) Moved to slightly forward position  
 (16) Moved to forward midrange position  
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position  
 (22) Moved to rearward midrange position  
 (23) Retained pre-impact position  
 (24) Moved to upright position  
 (25) Moved to slightly forward position  
 (26) Moved to forward midrange position  
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position  
 (32) Moved to rearward midrange position  
 (33) Moved to slightly rearward position  
 (34) Moved to upright position  
 (35) Moved to slightly forward position  
 (36) Moved to forward midrange position  
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat  
 (1) No seat performance failure(s)  
 (2) Seat adjusters failed  
 (3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_  
 (4) Seat track/anchors failed  
 (5) Deformed by impact of occupant  
 (6) Deformed by passenger compartment intrusion, (specify): \_\_\_\_\_  
 (7) Combination of above (specify): \_\_\_\_\_  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

## CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS  
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):  
\_\_\_\_\_

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):  
\_\_\_\_\_

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00

(00) No child safety seat

*Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):  
\_\_\_\_\_

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):  
\_\_\_\_\_

(19) Unknown orientation

*Unknown Design or Orientation For This  
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):  
\_\_\_\_\_

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0059. Child Safety Seat Shield Usage 0060. Child Safety Seat Tether Usage 00Note: Options below applicable to  
Variables OA58-OA60.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*(01) After market harness/shield/tether  
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market  
harness/shield/tether added(09) Unknown if harness/shield/tether  
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

**INJURY CONSEQUENCES**61. Injury Severity (Police Rating) 0

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 0

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):  
\_\_\_\_\_

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):  
\_\_\_\_\_
- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 0

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):  
\_\_\_\_\_

- (9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
- \_\_\_\_\_ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- \_\_\_\_\_ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

**STOP WORK HERE****VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**



**TO BE CODED BY THE ZONE CENTER****INJURY CONSEQUENCES**

66. Time to Death 00  
 Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)  
 (00) Not fatal  
 (96) Fatal - ruled disease  
 (99) Unknown
67. 1st Medically Reported Cause of Death 00
68. 2nd Medically Reported Cause of Death 00
69. 3rd Medically Reported Cause of Death 00  
 Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death  
 (00) Not fatal or no additional causes  
 (96) Mode of death given but specific injuries are not linked to cause of death. (specify):  
 (97) Other result (includes fatal ruled disease) (specify):  
 (99) Unknown
70. Number of Recorded Injuries for This Occupant 00  
 Code the actual number of injuries recorded for this occupant.  
 (00) No recorded injuries  
 (97) Injured, details unknown  
 (99) Unknown if injured

**TRAUMA DATA**

71. Glasgow Coma Scale (GCS) Score 00  
 (at Medical Facility)  
 (00) Not injured  
 (01) Injured - not treated at medical facility  
 (02) No GCS Score at medical facility  
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.  
 (97) Injured, details unknown  
 (99) Unknown if injured
72. Was the Occupant Given Blood? 1  
 (1) No - blood not given  
 (2) Yes - blood given  
 (specify units):  
 (9) Unknown if blood given
73. Arterial Blood Gases (ABG) - HCO<sub>3</sub> 00  
 (00) Not injured  
 (01) Injured, ABGs not measured or reported  
 (02-50) Code the actual value of the HCO<sub>3</sub>  
 (96) ABGs reported, HCO<sub>3</sub> unknown  
 (97) Injured, details unknown  
 (99) Unknown if injured

**BELT USE DETERMINATION**

74. Primary Source of Belt Use Determination 1  
 (0) Not equipped/not available/destroyed or rendered inoperative  
 (1) Vehicle inspection  
 (2) Official injury data  
 (3) Driver/occupant interview  
 (8) Other (specify):  
 (9) Unknown if belt used

PSU NUMBER

09

CASE NUMBER

003K

VEHICLE NUMBER

01

OCCUPANT NUMBER

05

# OCCUPANT INJURY FORM

*THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:*

☒ ENTIRE FORM

☐ PAGE NUMBER (S) \_\_\_\_\_

## PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction 0

- (0) Non-interchange area and non-junction
- (1) Interchange area related

*Non-Interchange junctions*

- (2) Intersection related
- (3) Driveway, alley access related
- (4) Other junction (specify) \_\_\_\_\_

- (5) Unknown type of junction

- (9) Unknown

20. Trafficway Flow 0

- (0) Not physically divided (two way traffic)
- (1) Divided trafficway-median strip without positive barrier
- (2) Divided trafficway-median strip with positive barrier
- (3) One way traffic
- (9) Unknown

21. Number Of Travel Lanes 2

- (1) One
- (2) Two
- (3) Three
- (4) Four
- (5) Five
- (6) Six
- (7) Seven or more
- (9) Unknown

22. Roadway Alignment 1

- (1) Straight
- (2) Curve right
- (3) Curve left
- (9) Unknown

23. Roadway Profile 1

- (1) Level
- (2) Uphill grade (> 2%)
- (3) Hill crest
- (4) Downhill grade (> 2%)
- (5) Sag
- (9) Unknown

24. Roadway Surface Type 2

- (1) Concrete
- (2) Bituminous (asphalt)
- (3) Brick or block
- (4) Slag, gravel, or stone
- (5) Dirt
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

25. Roadway Surface Condition 2

- (1) Dry
- (2) Wet
- (3) Snow or slush
- (4) Ice
- (5) Sand, dirt, or oil
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

26. Light Conditions 2

- (1) Daylight
- (2) Dark
- (3) Dark, but lighted
- (4) Dawn
- (5) Dusk
- (9) Unknown

27. Atmospheric Conditions 0

- (0) No adverse atmospheric-related driving conditions
- (1) Rain
- (2) Sleet/hail
- (3) Snow
- (4) Fog
- (5) Rain and fog
- (6) Sleet and fog
- (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): \_\_\_\_\_
- (9) Unknown

28. Traffic Control Device 0

- (0) No traffic control(s)
- (1) Traffic control signal (not RR crossing)

*Regulatory*

- (2) Stop sign
- (3) Yield sign
- (4) School zone sign
- (5) Other regulatory sign (specify): \_\_\_\_\_

- (6) Warning sign (not RR crossing)
- (7) Unknown sign
- (8) Miscellaneous/other controls including RR controls (specify): \_\_\_\_\_
- (9) Unknown

29. Traffic Control Device Functioning 0

- (0) No traffic control device
- (1) Traffic control device not functioning (specify): \_\_\_\_\_
- (2) Traffic control device functioning properly
- (9) Unknown

## OCCUPANT RELATED

37. Driver Presence in Vehicle 1  
(0) Driver not present  
(1) Driver present  
(9) Unknown
38. Number of Occupants This Vehicle 01  
(00-96) Code actual number of occupants for this vehicle  
(97) 97 or more  
(99) Unknown
39. Number of Occupant Forms Submitted 01

## AIR BAG RELATED

40. Is this an AOPS Vehicle? 0  
(0) No (includes unknown)  
(1) Yes - researcher determined  
(2) VIN determined air bag system  
(3) VIN determined automatic (passive) belts  
(4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 0  
(0) Not equipped or not available  
(1) No air bags deployed  
*Single Air Bag Vehicle*  
(2) Driver air bag deployed  
(3) Driver air bag, unknown if deployed  
*Multiple Air Bag Vehicle*  
(4) Driver side only deployed  
(5) Passenger side only deployed  
(6) Driver and passenger side deployed  
(7) Driver and passenger side unknown if deployed  
(8) Air bag(s) deployed, details unknown  
(9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0  
(0) Not equipped with an "other" air bag  
(1) Deployed during accident (as a result of impact)  
(2) Deployed inadvertently just prior to accident  
(3) Deployed, details unknown  
(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
(5) Unknown if deployed  
(7) Nondeployed  
(9) Unknown

Specify type of "other" air bag present: \_\_\_\_\_

## VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 1.75 0  
Code weight to nearest 10 kilograms.  
(045) Less than 454 kilograms  
(612) 6,124 kilograms or more  
(999) Unknown  
3861 lbs X .4536 = 1.751 kgs  
Source: \_\_\_\_\_

44. Vehicle Cargo Weight 0.010  
Code weight to nearest 10 kilograms.  
(000) Less than 5 kilograms  
(454) 4,536 kilograms or more  
(999) Unknown  
30 lbs X .4536 = 14 kgs  
Source: Inspection

## ROLLOVER DATA

45. Rollover 00  
(00) No rollover (no overturning)  
*Rollover (primarily about the longitudinal axis)*  
(01-16) Code the number of quarter turns  
(17) Rollover, 17 or more quarter turns (specify): \_\_\_\_\_  
(98) Rollover--end-over-end (i.e., primarily about the lateral axis)  
(99) Rollover (overturn), details unknown
46. Rollover Initiation Type 00  
(00) No rollover  
(01) Trip-over  
(02) Flip-over  
(03) Turn-over  
(04) Climb-over  
(05) Fall-over  
(06) Bounce-over  
(07) Collision with another vehicle  
(08) Other rollover initiation type specify): \_\_\_\_\_  
(98) Rollover--end-over-end  
(99) Unknown rollover initiation type
47. Location of Rollover Initiation 0  
(0) No rollover  
(1) On roadway  
(2) On shoulder--paved  
(3) On shoulder--unpaved  
(4) On roadside or divided trafficway median  
(8) Rollover--end-over-end  
(9) Unknown
48. Rollover Initiation Object Contacted 00  
(Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0  
(0) No rollover  
(1) Wheels/tires  
(2) Side plane  
(3) End plane  
(4) Undercarriage  
(5) Other location on vehicle (specify): \_\_\_\_\_  
(6) Non-contact rollover forces (specify): \_\_\_\_\_  
(8) Rollover--end-over-end  
(9) Unknown
50. Direction of Initial Roll 0  
(0) No rollover  
(1) Roll right - primarily about the longitudinal axis  
(2) Roll left - primarily about the longitudinal axis  
(8) Rollover--end-over-end  
(9) Unknown roll direction

## CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- (00) No rollover
- (01-30) — Vehicle Number

### Noncollision

- (31) Turn-over — fall-over
- (32) No rollover impact initiation (end-over-end)
- (34) Jackknife

### Collision With Fixed Object

- (41) Tree ( $\leq 10$  cm in diameter)
- (42) Tree ( $> 10$  cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

- (45) Breakaway pole or post (any diameter)

### Nonbreakaway Pole or Post

- (50) Pole or post ( $\leq 10$  cm in diameter)
- (51) Pole or post ( $> 10$  cm but  $\leq 30$  cm in diameter)
- (52) Pole or post ( $> 30$  cm in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)  
(specify): \_\_\_\_\_

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): \_\_\_\_\_

- (69) Unknown fixed object \_\_\_\_\_

### Collision with Nonfixed Object

- (70) Passenger car, light truck, van, or other vehicle not in-transport
- (71) Medium/heavy truck or bus not in-transport
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify): \_\_\_\_\_

- (89) Unknown nonfixed object \_\_\_\_\_

- (98) Other event (specify): \_\_\_\_\_

- (99) Unknown event or object \_\_\_\_\_

## EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM**

CRASHWORTHINESS DATA SYSTEM	
1. Primary Sampling Unit Number <u>09</u>	3. Vehicle Number <u>02</u>
2. Case Number - Stratum <u>003 K</u>	

## VEHICLE IDENTIFICATION

VIN 1FTEF25E4BN Model Year 81  
Vehicle Make (specify): Ford Vehicle Model (specify): F250 Custom

## LOCATOR

Locate the end of the damage with respect to the vehicle's damaged center point or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
01	154cm forward of R/R	158cm forward of R/R	C4
	axle backwards	axle backwards	

## CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

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**Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.**

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

**Use as many lines/columns as necessary to describe each damage profile.**

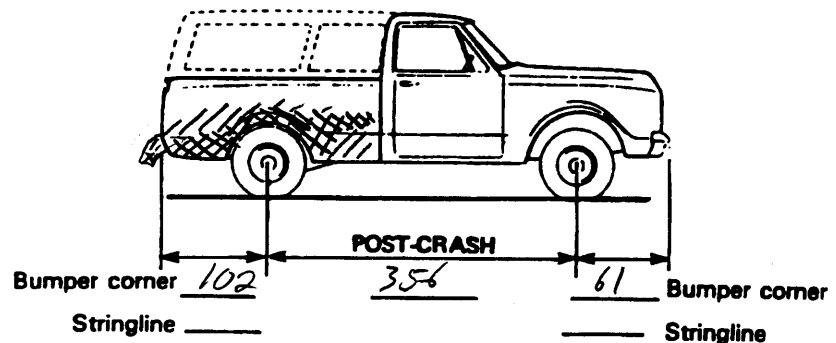
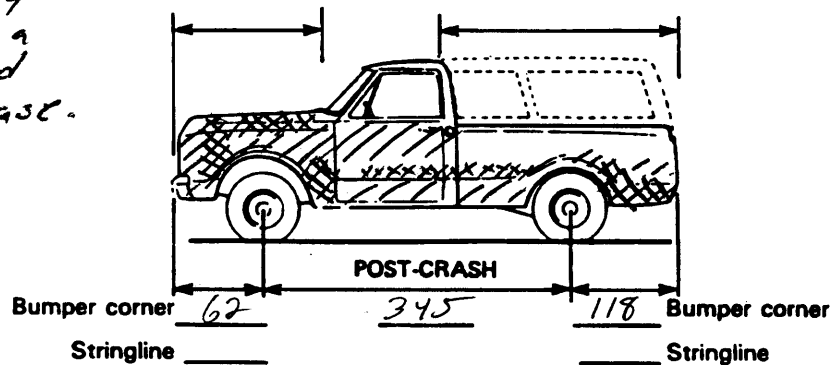
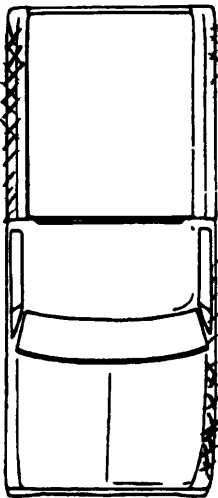
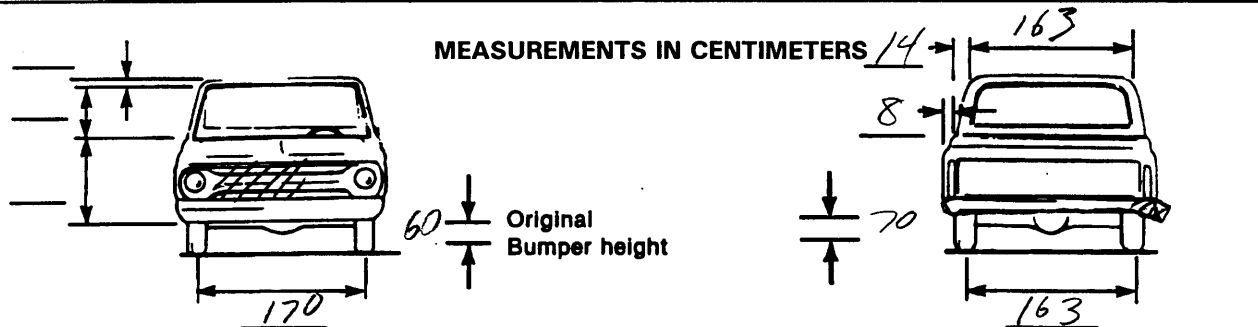
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# ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>132.0</u>	inches	x 2.54	=	<u>338</u>	cm
Overall Length	<u>208.3</u>	inches	x 2.54	=	<u>529</u>	cm
Maximum Width	<u>72.2</u>	inches	x 2.54	=	<u>196</u>	cm
Curb Weight	<u>3,867</u>	pounds	x .4536	=	<u>1,751</u>	kg
Average Track	_____	inches	x 2.54	=	_____	cm
Front Overhang	_____	inches	x 2.54	=	_____	cm
Rear Overhang	_____	inches	x 2.54	=	_____	cm
Undeformed End Width	_____	inches	x 2.54	=	_____	cm
Engine Size: cyl./displ.	_____	cc	x .001	=	<u>4.9</u>	L
	_____	CID	x .0164	=	_____	L

## VEHICLE DAMAGE SKETCH

<b>TIRE—WHEEL DAMAGE</b> a. Rotation physically restricted RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		b. Tire deflated RF <u>2</u> LF <u>2</u> RR <u>1</u> LR <u>2</u>		<b>ORIGINAL SPECIFICATIONS</b> Wheelbase <u>338</u> cm Overall Length <u>529</u> cm Maximum Width <u>196</u> cm Curb Weight <u>1751</u> kg Average Track _____ cm Front Overhang _____ cm Rear Overhang _____ cm Undeformed End Width <u>184</u> cm Engine Size: cyl./displ. <u>4.9</u> L		<b>WHEEL STEER ANGLES</b> (For locked front wheels or displaced rear axles only) RF ± _____ ° LF ± _____ ° RR ± _____ ° LR ± _____ ° Within ± 5 degrees	
<b>TYPE OF TRANSMISSION</b> <input type="checkbox"/> Manual <input type="checkbox"/> Automatic END SHIFT ≥ 10 CM <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>DRIVE WHEELS</b> <input type="checkbox"/> FWD <input checked="" type="checkbox"/> RWD <input type="checkbox"/> 4WD			
				Approximate Cargo Weight <u>3015</u>			



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.



### CODES FOR OBJECT CONTACTED

(99) Unknown event or object

[illegible]

## COLLISION DEFORMATION CLASSIFICATION

## HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>01</u>	6. <u>01</u>	7. <u>R</u>	8. <u>B</u>	9. <u>E</u>	10. <u>W</u>	11. <u>02</u>

## Second Highest Delta "V"

12. _____	13. _____	14. _____	15. _____	16. _____	17. _____	18. _____	19. _____
-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------

## CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

## HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C<sub>1</sub></u>	<u>C<sub>2</sub></u>	<u>C<sub>3</sub></u>	<u>C<sub>4</sub></u>	<u>C<sub>5</sub></u>	<u>C<sub>6</sub></u>	22. <u>± D</u>
<u>251</u>	<u>006</u>	<u>015</u>	<u>001</u>	<u>011</u>	<u>000</u>	<u>000</u>	<u>0158</u>

## Second Highest Delta "V"

23. <u>L</u>	24. <u>C<sub>1</sub></u>	<u>C<sub>2</sub></u>	<u>C<sub>3</sub></u>	<u>C<sub>4</sub></u>	<u>C<sub>5</sub></u>	<u>C<sub>6</sub></u>	25. <u>± D</u>
_____	_____	_____	_____	_____	_____	_____	_____

26. Undeformed End Width  
(Coded when highest severity impact is an end plane impact.) 998  
Code to the nearest centimeter  
(250) 250 centimeters or more  
(998) No highest severity end plane impact  
(999) Unknown

27. Direct Damage Width  
(For highest severity impact) 242  
Code to the nearest centimeter  
(250) 250 centimeters or more  
(999) Unknown

28. Original Wheelbase 338  
Code to the nearest centimeter  
(650) 650 centimeters or more  
(999) Unknown  
133.0 inches X 2.54 = 338 centimeters

29. Original Average Track Width 170  
Code to the nearest centimeter  
(185) 185 centimeters or more  
(999) Unknown  
\_\_\_\_\_ inches X 2.54 = \_\_\_\_\_ centimeters

**FUEL SYSTEM**

30. Are CDCs Documented  
but Not Coded on The  
Automated File?

- (0) No  
(1) Yes

31. Researcher's Assessment of Vehicle  
Disposition

- (0) Not towed due to vehicle damage  
(1) Towed due to vehicle damage  
(9) Unknown

32. Is This A Multi-Stage Manufactured Vehicle  
And/Or A Certified Altered Vehicle?

- (0) No post manufacturer modifications  
(1) Yes - post manufacturer modifications  
(specify): \_\_\_\_\_

(Include photograph of CERTIFICATION  
PLACARD in case report)

- (9) Unknown if vehicle is modified

**FIRE OCCURRENCE**

33. Fire Occurrence

- (0) No fire

Yes, fire occurred

- (1) Minor  
(2) Major  
(9) Unknown

34. Origin of Fire

- (0) No fire  
(1) Vehicle exterior (front, side, back, top)  
(2) Exhaust system  
(3) Fuel tank (and other fuel retention  
system parts)  
(4) Engine compartment  
(5) Cargo/trunk compartment  
(6) Instrument panel  
(7) Passenger compartment area  
(8) Other location (specify): \_\_\_\_\_

- (9) Unknown

35. Location of Fuel Tank-1 Filler Cap

36. Location of Fuel Tank-2 Filler Cap

- (0) No fuel tank  
(1) On back plane  
(2) Aft of center of the rear wheels (rear axle)  
on left side plane  
(3) Aft of center of the rear wheels (rear axle)  
on right side plane  
(4) Forward of center of the rear wheels (rear  
axle) on left side plane  
(5) Forward of center of the rear wheels (rear  
axle) on right side plane  
(6) Over the center of the rear wheels (rear  
axle) on left side plane  
(7) Over the center of the rear wheels (rear  
axle) on right side plane  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

37. Type of Fuel Tank-1

38. Type of Fuel Tank-2

- (0) No fuel tank (electrical vehicle)  
(1) Metallic  
(2) Non-metallic  
(9) Unknown

39. Location of Fuel Tank-1

40. Location of Fuel Tank-2

- (0) No fuel tank  
(1) Aft of center of the rear wheels (rear axle)  
centered  
(2) Aft of center of the rear wheels (rear axle)  
left side  
(3) Aft of center of the rear wheels (rear axle)  
right side  
(4) Forward of center of the rear wheels (rear  
axle) centered  
(5) Forward of center of the rear wheels (rear  
axle) left side  
(6) Forward of center of the rear wheels (rear  
axle) right side  
(7) Over center of the rear wheels (rear axle)  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown

41. Damage to Fuel Tank-1

42. Damage to Fuel Tank-2

- (0) No fuel tank  
(1) No damage to fuel tank  
(2) Deformed, no seam failure  
(3) Deformed, with a seam failure  
(4) Punctured  
(5) Lacerated (ripped)  
(6) Abraded (scraped)  
(7) Filler neck separation from the fuel tank  
(8) Other damage (specify): \_\_\_\_\_  
(9) Unknown

<div style="display: flex; justify-content: space-between;"><div>43. Leakage Location of Fuel System-1</div><div style="text-align: center;">1 0</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>44. Leakage Location of Fuel System-2</div><div style="text-align: center;">01 00</div></div> <div style="margin-top: 10px;"><p>(0) No fuel tank</p><p>(1) No fuel leakage</p><p><i>Primary Area Of Leakage</i></p><p>(2) Tank</p><p>(3) Filler neck</p><p>(4) Cap</p><p>(5) Lines/pump/filter</p><p>(6) Vent/emission recovery</p><p>(8) Other (specify): _____</p><p>(9) Unknown</p></div> <div style="margin-top: 20px;"><p>45. Fuel Type-1</p><p>46. Fuel Type-2</p><p><i>Single Fuel Type</i></p><p>(00) No fuel tank</p><p>(01) Gasoline</p><p>(02) Diesel</p><p>(03) CNG (Compressed Natural Gas)</p><p>(04) LPG (Liquid Petroleum Gas) also known as Propane</p><p>(05) LNG (Liquid Natural Gas)</p><p>(06) Methanol (M100 or M85)</p><p>(07) Ethanol (E100 or E85)</p><p>(08) Other (Hydrogen or others) (specify): _____</p><p>_____</p><p><i>Electric Powered or Electric/Solar Powered Vehicles</i></p><p>(10) Lead Acid Battery</p><p>(11) Nickel-Iron Battery</p><p>(12) Nickel-Cadmium Battery</p><p>(13) Sodium Metal Chloride Battery</p><p>(14) Sodium Sulfur Battery</p><p>(18) Other (Specify): _____</p><p>(98) Other Hybrid (specify): _____</p><p>_____</p><p>(99) Unknown fuel type</p></div>	<div style="display: flex; justify-content: space-between;"><div>47. Is This Vehicle Equipped With More Than Two Fuel Tanks?</div><div style="text-align: center;">0</div></div> <div style="margin-top: 10px;"><p>(0) No (one or two tanks only)</p><p><i>Yes - More Than Two Tanks</i></p><p>(1) Yes -- <u>no damage</u> to any tank or filler cap and <u>no fuel system leakage</u></p><p>(2) Yes -- <u>no damage</u> to any tank or filler cap but <u>there is fuel system leakage</u> (specify leakage location): _____</p><p>(3) Yes -- <u>damage</u> to an additional tank or filler cap and <u>there is fuel system leakage</u> (specify the following):</p><div style="margin-left: 20px;">Type of tank _____</div><div style="margin-left: 20px;">Tank location _____</div><div style="margin-left: 20px;">Filler cap location _____</div><div style="margin-left: 20px;">Tank damage _____</div><div style="margin-left: 20px;">Location of leakage _____</div><div style="margin-left: 20px;">Type of fuel _____</div><p>(9) Unknown if more than two tanks</p></div> <div style="margin-top: 20px; text-align: center;"><p><b>COMMENTS</b></p><p>_____</p><p>_____</p><p>_____</p><p>_____</p><p>_____</p><p>_____</p><p>_____</p><p>_____</p><p>_____</p><p>_____</p></div>
<p>*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***</p> <p>(GV10=0)</p> <p>DO NOT COMPLETE THE INTERIOR VEHICLE FORM.</p>	



## INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number 09

2. Case Number - Stratum 003K

3. Vehicle Number 02

### INTEGRITY

4. Passenger Compartment Integrity 00

(00) No integrity loss

Yes, Integrity Was Lost Through

- (01) Windshield
- (02) Door (side)
- (03) Door/hatch (back door)
- (04) Roof
- (05) Roof glass
- (06) Side window
- (07) Rear window (backlight)
- (08) Roof and roof glass
- (09) Windshield and door (side)
- (10) Windshield and roof
- (11) Side and rear window (side window and backlight)
- (12) Windshield and side window
- (13) Door and side window
- (98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 0 8. RR 0 9. TG/H 0

- (0) No door/gate/hatch
- (1) Door/gate/hatch remained closed and operational
- (2) Door/gate/hatch came open during collision
- (3) Door/gate/hatch jammed shut
- (8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code Ø

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

- (1) Door operational (no damage)
- (2) Latch/striker failure due to damage
- (3) Hinge failure due to damage
- (4) Door structure failure due to damage
- (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
- (6) Latch/striker and hinge failure due to damage
- (8) Other failure (specify):

(9) Unknown

### GLAZING

Type of Window/Windshield Glazing

15. WS 1 16. LF 2 17. RF 2 18. LR 0 19. RR 0  
20. BL 2 21. Roof 0 22. Other 2

- (0) No glazing
- (1) AS-1 — Laminated
- (2) AS-2 — Tempered
- (3) AS-3 — Tempered-tinted (original)
- (4) AS-2 — Tempered-with after market tint
- (5) AS-3 — Tempered-tinted (with additional after market tint)
- (6) AS-14 — Glass/Plastic
- (7) Glazing removed prior to accident
- (8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 1 25. RF 1 26. LR 0 27. RR 0  
28. BL 2 29. Roof 0 30. Other 3

- (0) No glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (7) Glazing removed prior to accident
- (9) Unknown

Glazing Damage from Impact Forces

31. WS 1 32. LF 1 33. RF 1 34. LR 0 35. RR 0  
36. BL 1 37. Roof 0 38. Other 1

- (0) No glazing
- (1) No glazing damage from impact forces
- (2) Glazing in place and cracked from impact forces
- (3) Glazing in place and holed from impact forces
- (4) Glazing out-of-place (cracked or not) and not holed from impact forces
- (5) Glazing out-of-place and holed from impact forces
- (6) Glazing disintegrated from impact forces
- (7) Glazing removed prior to accident
- (9) Unknown if damaged

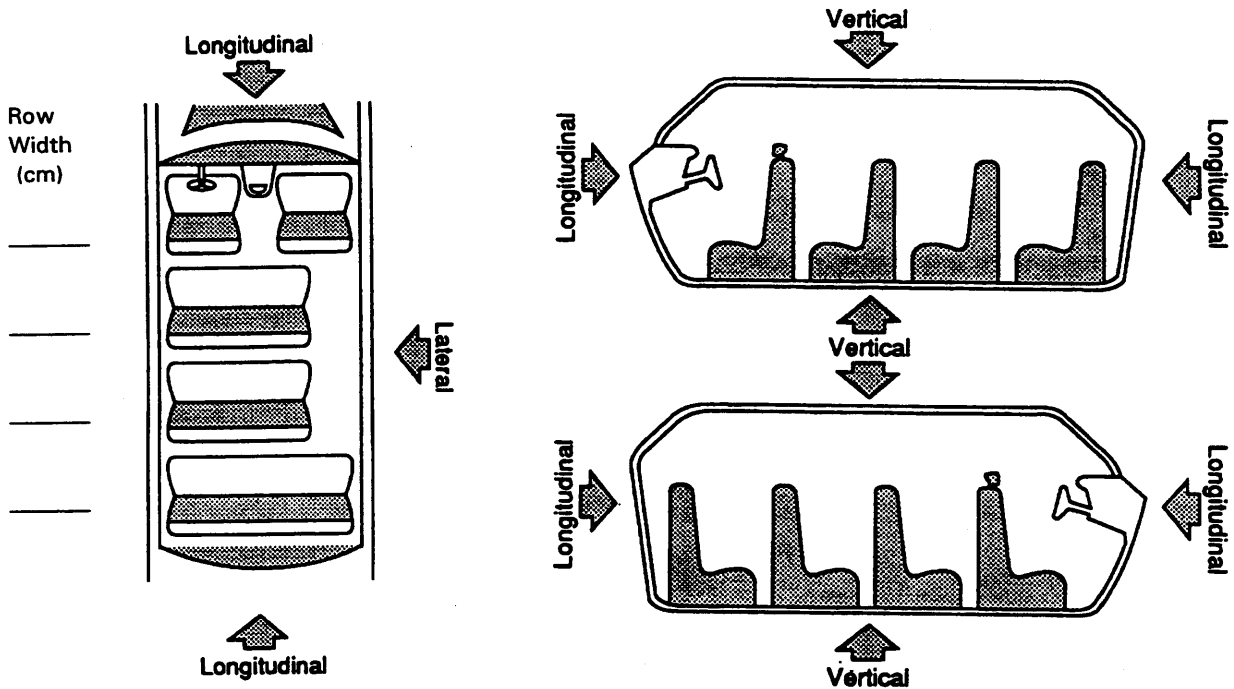
Glazing Damage from Occupant Contact

39. WS 1 40. LF 1 41. RF 1 42. LR 0 43. RR 0  
44. BL 1 45. Roof 0 46. Other 1

- (0) No glazing
- (1) No occupant contact to glazing
- (2) Glazing contacted by occupant but no glazing damage
- (3) Glazing in place and cracked by occupant contact
- (4) Glazing in place and holed by occupant contact
- (5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
- (6) Glazing out-of-place by occupant contact and holed by occupant contact
- (7) Glazing removed prior to accident
- (8) Glazing disintegrated by occupant contact
- (9) Unknown if contacted by occupant

# INTRUSION WORKSHEET

NOTE: SKETCH INTRUDED AREAS



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			INTRUSION	DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	INTRUDED VALUE	=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		
		-		=		

Document no more than the 15 most severe intrusions

## OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. _____	48. _____	49. _____	50. _____
2nd	51. _____	52. _____	53. _____	54. _____
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

## LOCATION OF INTRUSION

## Front Seat

- (11) Left  
(12) Middle  
(13) Right

## Second Seat

- (21) Left  
(22) Middle  
(23) Right

## Third Seat

- (31) Left  
(32) Middle  
(33) Right

## Fourth Seat

- (41) Left  
(42) Middle  
(43) Right

- (97) Catastrophic  
(98) Other enclosed area (specify) \_\_\_\_\_

- (99) Unknown

## INTRUDING COMPONENT

## Interior Components

- (01) Steering assembly  
(02) Instrument panel left  
(03) Instrument panel center  
(04) Instrument panel right  
(05) Toe pan  
(06) A (A1/A2)-pillar  
(07) B-pillar  
(08) C-pillar  
(09) D-pillar  
(10) Side panel - forward of the A1/A2-pillar  
(11) Door panel (side)  
(12) Side panel - rear of the B-pillar  
(13) Roof (or convertible top)  
(14) Roof side rail  
(15) Windshield  
(16) Windshield header  
(17) Window frame  
(18) Floor pan (includes sill)  
(19) Backlight header  
(20) Front seat back  
(21) Second seat back  
(22) Third seat back  
(23) Fourth seat back  
(24) Fifth seat back  
(25) Seat cushion  
(26) Back door/panel (e.g., tailgate)  
(27) Other interior component (specify): \_\_\_\_\_

## Exterior Components

- (30) Hood  
(31) Outside surface of this vehicle (specify): \_\_\_\_\_  
(32) Other exterior object in the environment (specify): \_\_\_\_\_  
(33) Unknown exterior object  
(97) Catastrophic  
(98) Intrusion of unlisted component(s) (specify): \_\_\_\_\_  
(99) Unknown

## MAGNITUDE OF INTRUSION

- (1)  $\geq 3$  centimeters but  $< 8$  centimeters  
(2)  $\geq 8$  centimeters but  $< 15$  centimeters  
(3)  $\geq 15$  centimeters but  $< 30$  centimeters  
(4)  $\geq 30$  centimeters but  $< 46$  centimeters  
(5)  $\geq 46$  centimeters but  $< 61$  centimeters  
(6)  $\geq 61$  centimeters  
(7) Catastrophic  
(9) Unknown

## DOMINANT CRUSH DIRECTION

- (1) Vertical  
(2) Longitudinal  
(3) Lateral  
(7) Catastrophic  
(9) Unknown

## STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
------------------	---	--------------	---	-------------

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--



## STEERING COLUMN

## INSTRUMENT PANEL

87. Steering Column Type 1

- (1) Fixed column  
 (2) Tilt column  
 (3) Telescoping column  
 (4) Tilt and telescoping column  
 (8) Other column type (specify): \_\_\_\_\_

(9) Unknown

88. Tilt Steering Column Adjustment 0

- (0) No tilt steering column  
 (1) Full up  
 (2) Between full up and center  
 (3) Center  
 (4) Between center and full down  
 (5) Full down  
 (9) Unknown

89. Telescoping Steering Column Adjustment 0

- (0) No telescoping steering column  
 (1) Full back  
 (2) Between full back and midpoint  
 (3) Midpoint  
 (4) Between midpoint and full forward  
 (5) Full forward  
 (9) Unknown

90. Steering Rim/Spoke Deformation 00

- Code actual measured deformation to the nearest centimeter  
 (00) No steering rim deformation  
 (01-14) Actual measured value in centimeters  
 (15) 15 centimeters or more  
 (98) Observed deformation cannot be measured  
 (99) Unknown

91. Location of Steering Rim/Spoke Deformation 00

- (00) No steering rim deformation

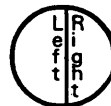
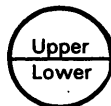
## Quarter Sections

- (01) Section A  
 (02) Section B  
 (03) Section C  
 (04) Section D



## Half Sections

- (05) Upper half of rim/spoke  
 (06) Lower half of rim/spoke  
 (07) Left half of rim/spoke  
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse  
 (10) Undetermined location  
 (99) Unknown

92. Odometer Reading 212,000

\_\_\_\_\_ kilometers  
 Code to the nearest 1,000 kilometers

- (000) No odometer  
 (001) Less than 1,500 kilometers  
 (500) 499,500 kilometers or more  
 (999) Unknown

131,643 miles X 1.6093 = 211,853 kilometers

Source: Dash Odometer

93. Instrument Panel Damage from Occupant Contact? 0

- (0) No  
 (1) Yes  
 (9) Unknown

94. Type of Knee Bolster Covering 0

- (0) No knee bolster  
 (1) Padded  
 (2) Rigid plastic  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

95. Knee Bolsters Deformed from Occupant Contact? 0

- (0) No knee bolster  
 (1) No deformation  
 (2) Yes - deformation  
 (9) Unknown

96. Did Glove Compartment Door Open During Collision(s)? 1

- (0) No glove compartment door  
 (1) No - door did not open  
 (2) Yes - door opened  
 (9) Unknown

97. Adaptive (Assistive) Driving Equipment 0

- (0) No adaptive driving equipment  
 (1) Adaptive driving equipment installed (Check all that apply.)  
 [ ] Hand controls for braking/acceleration  
 [ ] Steering control devices (attached to OEM steering wheel)  
 [ ] Steering knob attached to steering wheel  
 [ ] Low effort power steering (unit or device)  
 [ ] Replacement steering wheel (i.e., reduced diameter)  
 [ ] Joy-stick steering controls  
 [ ] Wheelchair tie-downs  
 [ ] Modification to seat belts (specify): \_\_\_\_\_

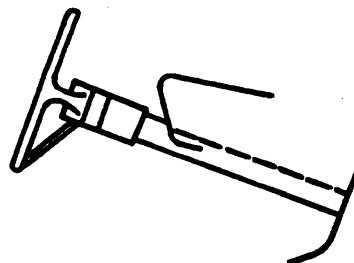
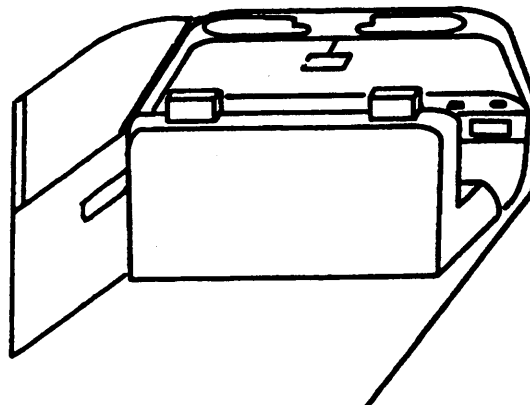
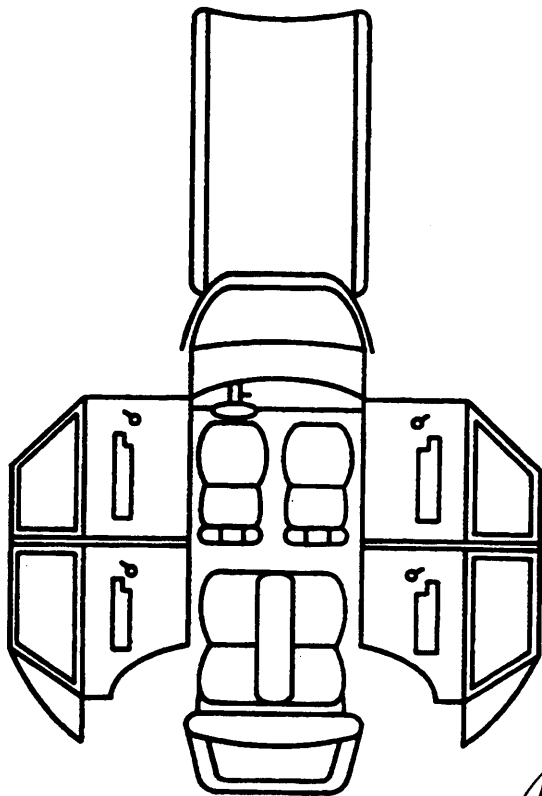
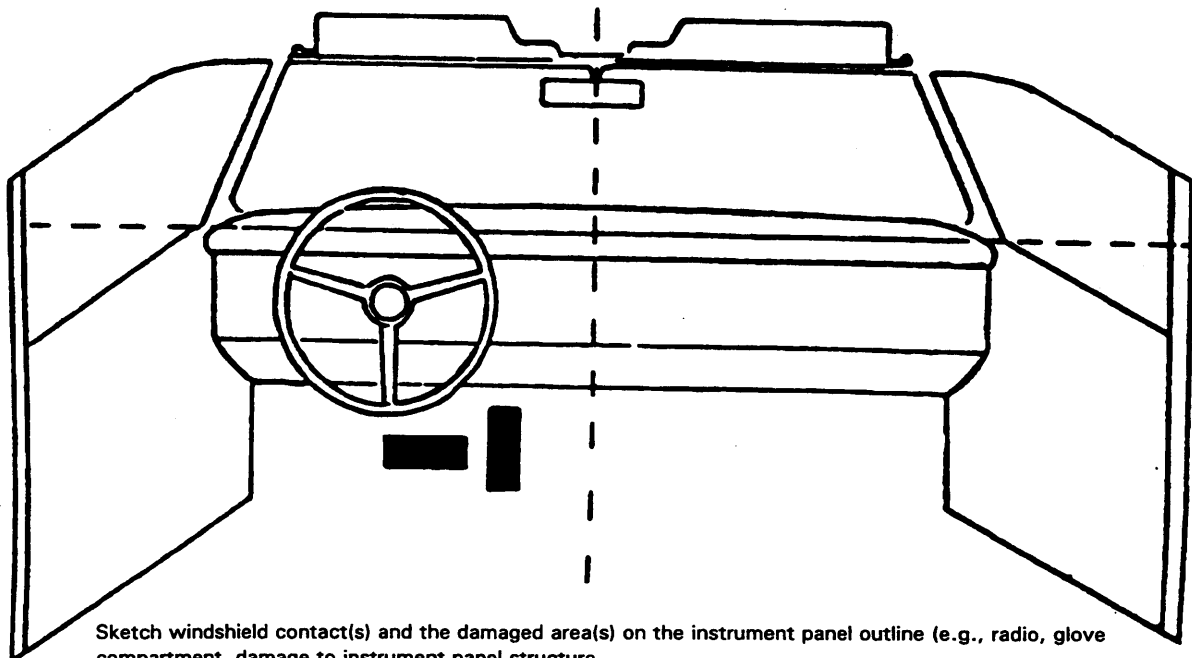
[ ] Additional or relocated switches (specify): \_\_\_\_\_

- [ ] Raised roof  
 [ ] Wall-mounted head rest (used behind wheelchair)  
 [ ] Other adaptive device (specify): \_\_\_\_\_

(9) Unknown

## VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment

*None*

Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

## POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

NONE

## CODES FOR INTERIOR COMPONENTS

## FRONT

- (001) Windshield  
 (002) Mirror  
 (003) Sunvisor  
 (004) Steering wheel rim  
 (005) Steering wheel hub/spoke  
 (006) Steering wheel (combination of codes 004 and 005)  
 (007) Steering column, transmission selector lever, other attachment  
 (008) Cellular telephone or CB radio  
 (009) Add on equipment (e.g., tape deck, air conditioner)  
 (010) Left instrument panel and below  
 (011) Center instrument panel and below  
 (012) Right instrument panel and below  
 (013) Glove compartment door  
 (014) Knee bolster  
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)  
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)  
 (017) Windshield reinforced by exterior object, (specify):  
 (019) Other front object (specify):

## LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests  
 (052) Left side hardware or armrest  
 (053) Left A (A1/A2)-pillar  
 (054) Left B-pillar  
 (055) Other left pillar (specify):  
 (056) Left side window glass  
 (057) Left side window frame  
 (058) Left side window sill  
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.  
 (060) Other left side object (specify):

## RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests  
 (102) Right side hardware or armrest  
 (103) Right A (A1/A2)-pillar  
 (104) Right B-pillar  
 (105) Other right pillar (specify):  
 (106) Right side window glass  
 (107) Right side window frame  
 (108) Right side window sill  
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.  
 (110) Other right side object (specify):

## INTERIOR

- (151) Seat, back support  
 (152) Belt restraint webbing/buckle  
 (153) Belt restraint B-pillar or door frame attachment point  
 (154) Other restraint system component (specify):  
 (155) Head restraint system  
 (160) Other occupants (specify):  
 (161) Interior loose objects  
 (162) Child safety seat (specify):

- (163) Other interior object (specify):

## AIR BAG

- (170) Air bag-driver side  
 (175) Air bag compartment cover-driver side  
 (180) Air bag-passenger side  
 (185) Air bag compartment cover-passenger side  
 (190) Other air bag (specify)  
 (195) Other air bag compartment cover (specify)

## ROOF

- (201) Front header  
 (202) Rear header  
 (203) Roof left side rail  
 (204) Roof right side rail  
 (205) Roof or convertible top

## FLOOR

- (251) Floor (including toe pan)  
 (252) Floor or console mounted transmission lever, including console  
 (253) Parking brake handle  
 (254) Foot controls including parking brake

## REAR

- (301) Backlight (rear window)  
 (302) Backlight storage rack, door, etc.  
 (303) Other rear object (specify):

## ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration  
 (402) Steering control devices (attached to OEM steering wheel)  
 (403) Steering knob attached to steering wheel  
 (405) Replacement steering wheel (i.e., reduced diameter)  
 (406) Joy stick steering controls  
 (407) Wheelchair tie-downs  
 (408) Modification to seat belts, (specify):  
 (409) Additional or relocated switches, (specify):  
 (410) Raised roof  
 (411) Wall mounted head rest (used behind wheel chair)  
 (412) Other adaptive device (specify):

## CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain  
 (2) Probable  
 (3) Possible  
 (9) Unknown

# MANUAL RESTRAINTS

**NOTES:** Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a child safety seat is present, encode the data on the back of this page 11.

If the vehicle has automatic restraints available, encode the appropriate data on page 6.

		Left	Center	Right
F I R S T	A-Availability	4	3	4
	B-Evidence of usage	04	03	04
	C-Used in this crash?	00	00	00
	D-Proper Use	0	0	0
	E-Failure Modes	0	0	0
	F-Anchorage Adjustment	1	0	1
S E C O N D	A-Availability			
	B-Evidence of usage			
	C-Used in this crash?			
	D-Proper Use			
	E-Failure Modes			
	F-Anchorage Adjustment			
O T H E R	A-Availability			
	B-Evidence of usage			
	C-Used in this crash?			
	D-Proper Use			
	E-Failure Modes			
	F-Anchorage Adjustment			

## A-Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

### Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

- (9) Unknown

## B/C-Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify):
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

## D-Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

### Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify):
- (9) Unknown

## E-Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

## F-Shoulder Belt Upper Anchorage Adjustment

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

### Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

**AUTOMATIC RESTRAINTS**

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

**AIR BAGS**

		Frontal Air Bags--Left Front	Frontal Air Bags--Right Front	Other Air Bag
F I R S T	Availability/Function			
	Deployment			
	Failure			

**Air Bag System Availability/Function**

- (0) Not equipped/not available  
(1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify):  
\_\_\_\_\_  
(3) Air bag not reinstalled  
(9) Unknown

**Air Bag System Deployment  
(This Occupant Position)**

- (0) Not equipped/not available  
(1) Deployed during accident (as a result of impact)  
(2) Deployed inadvertently just prior to accident  
(3) Deployed, accident sequence undetermined  
(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
(5) Unknown if deployed  
(7) Nondeployed  
(9) Unknown

**Are There Indications of Air Bag System Failure? (This Occupant Position)**

- (0) Not equipped/not available  
(1) No  
(2) Yes (specify):  
\_\_\_\_\_  
(9) Unknown

**AUTOMATIC BELTS**

		Left	Right
F I R S T	A-Availability/Function		
	B-Use		
	C-Type		
	D-Proper Use		
	E-Failure Modes		

**A-Automatic (Passive) Belt System Availability/Function**

- (0) Not equipped/not available  
(1) 2 point automatic belts  
(2) 3 point automatic belts  
(3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative  
(9) Unknown

**B-Automatic (Passive) Belt System Use**

- (0) Not equipped/not available/destroyed or rendered inoperative  
(1) Automatic belt in use  
(2) Automatic belt not in use (manually disconnected, motorized track inoperative)  
(3) Automatic belt use unknown  
(9) Unknown

**C-Automatic (Passive) Belt System Type**

- (0) Not equipped/not available  
(1) Non-motorized system  
(2) Motorized system  
(9) Unknown

**D-Proper Use of Automatic (Passive) Belt System**

- (0) Not equipped/not available/not used  
(1) Automatic belt used properly  
(2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm  
(4) Automatic shoulder belt worn behind back  
(5) Automatic belt worn around more than one person  
(6) Lap portion of automatic belt worn on abdomen  
(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):  
\_\_\_\_\_

- (8) Other improper use of automatic belt system (specify):  
\_\_\_\_\_  
(9) Unknown

**E-Automatic (Passive) Belt Failure Modes During Accident**

- (0) Not equipped/not available/not in use  
(1) No automatic belt failure(s)  
(2) Torn webbing (stretched webbing not included)  
(3) Broken buckle or latchplate  
(4) Upper anchorage separated  
(5) Other anchorage separated (specify):  
\_\_\_\_\_  
(6) Broken retractor  
(7) Combination of above (specify):  
(8) Other automatic belt failure (specify):  
\_\_\_\_\_  
(9) Unknown

# FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data *for the driver and first seat passenger* in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
A-Type of air bag?		
B-Flaps open at tear points?		
C-Flaps damaged?		
D-Air bag damaged?		
E-Source of air bag damage		
F-Air bag tethered?		
G-Air bag have vent ports?		
H-Other occupant contact air bag?		
I-Occupant wearing eyewear?		

## A-Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

## B-Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## C-Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## D-Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

### Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):

## E-Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):
- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

## F-Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps):
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## G-Did The Air Bag Have Vent Ports?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports):
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## H-Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

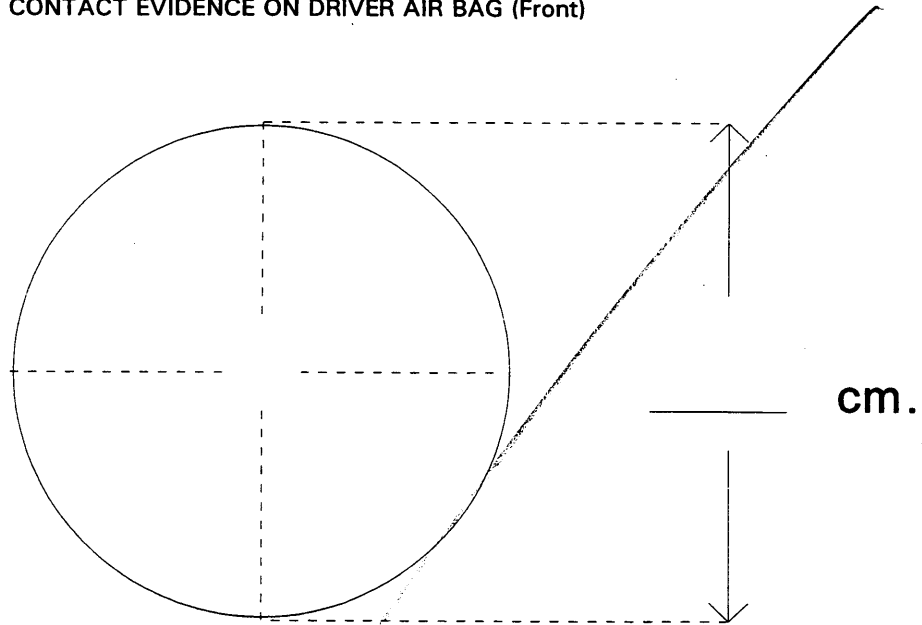
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

## I-Was This Occupant Wearing Eye-wear?

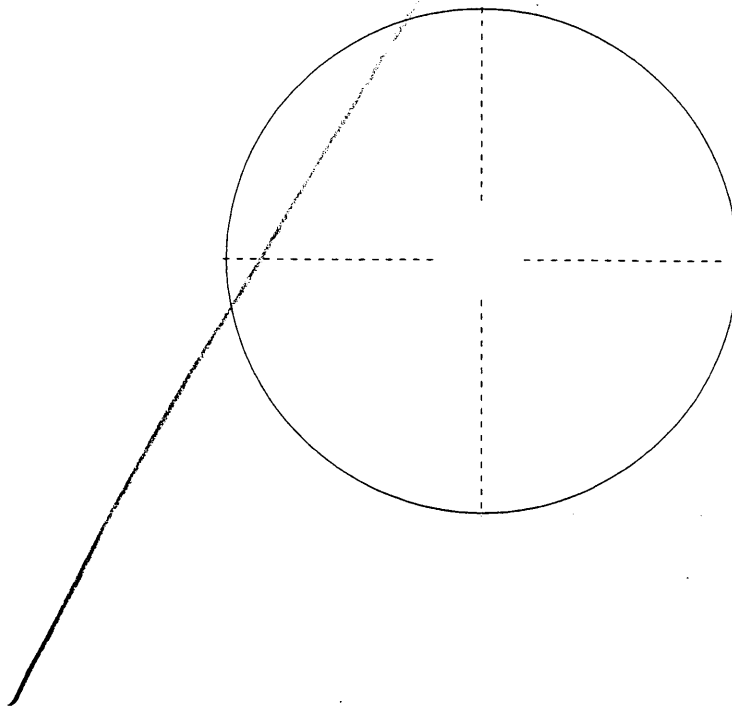
- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

**DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES**

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)

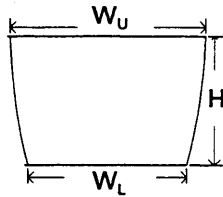


## DRIVER AIR BAG SKETCHES (Cont'd)

### 3. DRIVER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width ( $W_U$ ) \_\_\_\_\_ width ( $W_L$ ) \_\_\_\_\_

height ( $H$ ) \_\_\_\_\_



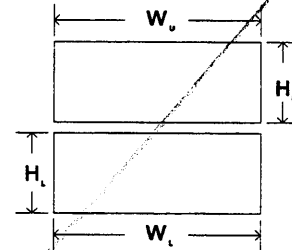
### 4. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

b. Lower Flap

width ( $W_U$ ) \_\_\_\_\_ width ( $W_L$ ) \_\_\_\_\_

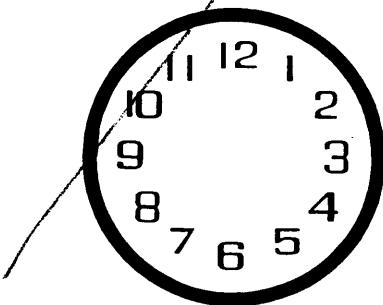
height ( $H_U$ ) \_\_\_\_\_ height ( $H_L$ ) \_\_\_\_\_



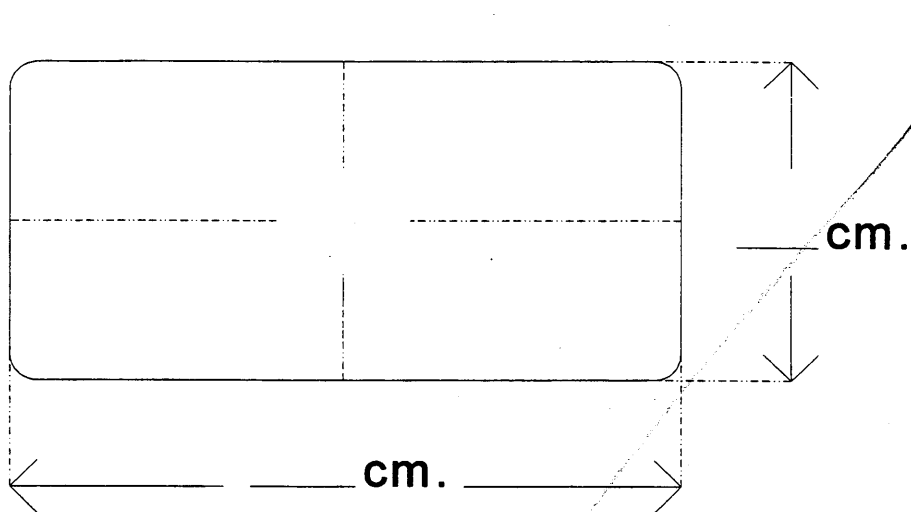
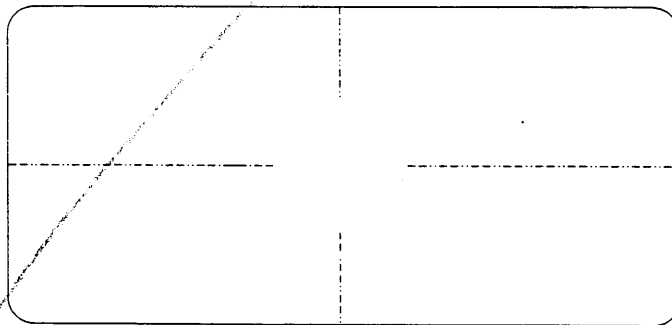
### 5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

### 6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

### 7. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS





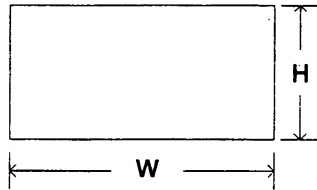
**PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES****1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)****2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)**

## PASSENGER AIR BAG SKETCHES (Cont'd)

### 3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W) \_\_\_\_\_

height (H) \_\_\_\_\_



### 4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

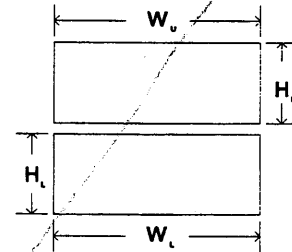
b. Lower Flap

width ( $W_u$ ) \_\_\_\_\_

width ( $W_L$ ) \_\_\_\_\_

height ( $H_u$ ) \_\_\_\_\_

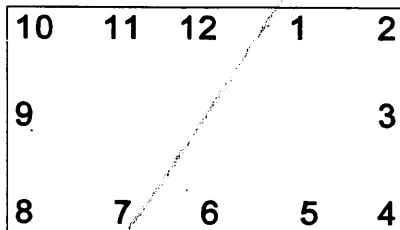
height ( $H_L$ ) \_\_\_\_\_



### 5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

### 6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

### 7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



**"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES**

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

**"OTHER" AIR BAG SKETCHES (Cont'd)**

**3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG**

**4. SKETCH AIR BAG VENT PORTS**



**HEAD RESTRAINTS/SEAT EVALUATION**

**NOTES:** Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
<b>FIRST</b>	A-Head Restraint Type/Damage	0	0	0
	B-Seat Type	05	05	05
	C-Seat Orientation	1	0	0
	D-Seat Track Position	1	0	0
	E-Seat Back Incline Pre/Post Impact	01	00	00
	F-Seat Performance	1	0	0
<b>SECOND</b>	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			
<b>THIRD</b>	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			
<b>OTHER</b>	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			

**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE  
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)**

## HEAD RESTRAINTS/SEAT EVALUATION

**A-Head Restraint Type/Damage by Occupant at This Occupant Position**

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other  
Specify: \_\_\_\_\_
- (9) Unknown

**B-Seat Type (this Occupant Position)**

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Box mounted seat (i.e., van type)
- (10) Other seat type (specify): \_\_\_\_\_
- (99) Unknown

**C-Seat Orientation (this Occupant Position)**

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

**D-Seat Track Adjusted Position Prior To Impact**

- (0) Occupant not seated or no seat
- (1) Non-adjustable seat track

**Adjustable Seat Track**

- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown

**E-Seat Back Incline Prior and Post Impact**

- (00) Occupant not seated or no seat
- (01) Not adjustable

**Upright prior to impact**

- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

**Slightly reclined prior to impact**

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

**Completely reclined prior to impact**

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position

- (99) Unknown

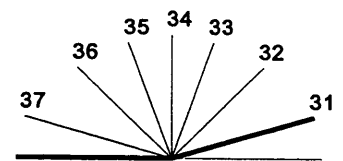
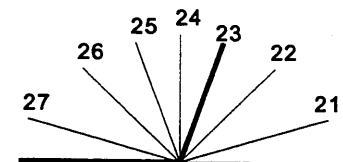
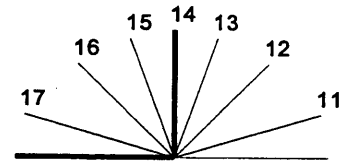
**F-Seat Performance (this Occupant Position)**

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_

- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_
- (7) Combination of above (specify): \_\_\_\_\_

- (8) Other (specify): \_\_\_\_\_

- (9) Unknown

Coding diagrams for *Seat Back Incline Position Prior and Post Impact*

## CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

### 1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify): \_\_\_\_\_
- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

### 2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify): \_\_\_\_\_
- (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify): \_\_\_\_\_
- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify): \_\_\_\_\_
- (29) Unknown orientation

(99) Unknown if child safety seat used

### 3. Child Safety Seat Harness Usage

### 4. Child Safety Seat Shield Usage

- 5. Child Safety Seat Tether Usage
- Note: Options Below Are Used for Variables 3-5.
- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

- 6. Child Safety Seat Make/Model
- (Specify make/model and occupant number)

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**EJECTION/ENTRAPMENT DATA**

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

**EJECTION** No ☒ Yes ☐

Describe indications of ejection and body parts involved in partial ejection(s):

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Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

**Ejection**

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

**Ejection Area**

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

**(7) Roof**

- (8) Other area (e.g., back of pickup, etc.) (specify):

**(9) Unknown****Ejection Medium**

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

**(5) Integral structure**

- (8) Other medium (specify):

**(9) Unknown****Medium Status (Immediately Prior to Impact)**

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

**ENTRAPMENT** No ☒ Yes ☐

Describe entrapment mechanism:

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Component(s):

(Note on vehicle interior sketch)





# OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number

09

2. Case Number - Stratum

003K

3. Vehicle Number

02

4. Occupant Number

01

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

37

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

R. PAR

6. Occupant's Sex

1

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

999

Code actual height to the nearest  
centimeter.

(999) Unknown

\_\_\_\_\_ inches X 2.54 = \_\_\_\_\_ centimeters

8. Occupant's Weight

999

Code actual weight to the nearest  
kilogram.

(999) Unknown

\_\_\_\_\_ pounds X .4536 = \_\_\_\_\_ kilograms

9. Occupant's Role

1

(1) Driver

(2) Passenger

(9) Unknown

## OCCUPANT'S SEATING

10. Occupant's Seat Position

11

*Front Seat*

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): \_\_\_\_\_

(15) On or in the lap of another occupant

*Second Seat*

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): \_\_\_\_\_

(25) On or in the lap of another occupant

*Third Seat*

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): \_\_\_\_\_

(35) On or in the lap of another occupant

*Fourth Seat*

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): \_\_\_\_\_

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): \_\_\_\_\_

(99) Unknown

11. Occupant's Posture

9

(0) Normal posture

*Abnormal posture*

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with  
another occupant or to look out a rear  
window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in  
front of seat

(8) Other abnormal posture (specify): \_\_\_\_\_

(9) Unknown

## EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.  
(specify): \_\_\_\_\_
- (9) Unknown

17. Occupant Mobility 9

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons  
(specify): \_\_\_\_\_
- (9) Unknown

## BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use 00

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment 1

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

*Adjustable shoulder Belt Upper Anchorage*

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):
- (9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):

(9) Unknown

## POLICE REPORTED RESTRAINT USE

## AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 9

- (0) None used  
 (1) Police did not indicate belt use  
 (2) Shoulder belt  
 (3) Lap belt  
 (4) Lap and shoulder belt  
 (5) Belt used, type not specified  
 (6) Child safety seat  
 (7) Automatic belt  
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 0

- (0) No air bag available  
 (1) Police did not indicate air bag availability/function  
 (2) Deployed  
 (3) Not deployed  
 (4) Unknown if deployed  
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection  
☐ Official injury data  
☐ Driver/occupant interview  
☐ Other (specify):

☐ Unknown if belt used

30. Frontal Air Bag System 0

Availability/Function  
 (This Occupant Position)

- (0) Not equipped/not available  
 (1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled  
 (9) Unknown

31. Frontal Air Bag System Deployment 0  
 (This Occupant Position)

- (0) Not equipped/not available  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

32. Other Than First Seat Frontal Air Bag 0  
 Availability/Function  
 (This Occupant Position)

- (0) Not equipped/not available  
 (1) Air bag

*Non-functional*

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled  
 (9) Unknown

*Specify type of "other" air bag present:*

33. Air Bag(s) Deployment, Other Than First 0  
 Seat Frontal (This Occupant Position)

- (0) Not equipped with an "other" air bag  
 (1) Deployed during accident (as a result of impact)  
 (2) Deployed inadvertently just prior to accident  
 (3) Deployed, details unknown  
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
 (5) Unknown if deployed  
 (7) Nondeployed  
 (9) Unknown

34. Are There Indications of Air Bag System 0  
 Failure?  
 (This Occupant Position)

- (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify):

(9) Unknown

## FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

- (0) Not equipped/not available  
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)  
(3) One previous accident with deployment  
(4) More than one previous accident with at least one deployment  
(8) Previous accidents, unknown deployment status  
(9) Unknown

36. Type of Air Bag 0

- (0) Not equipped/not available  
(1) Original manufacturer installed system  
(2) Retrofitted air bag  
(3) Replacement air bag  
(8) Unknown type of air bag  
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

- (0) Not equipped/not available  
(1) No prior maintenance  
(2) Yes, prior maintenance (specify):  
\_\_\_\_\_  
(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

- (00) Not equipped/not available  
\_\_\_\_\_  
Code the accident event sequence number that initiated the air bag deployment  
(96) Deployed, unknown event  
(97) Not deployed  
(98) Unknown if deployed  
(99) Unknown

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available  
(1) Highest delta V  
(2) Second highest delta V  
(3) Other non-coded delta V (specify):  
\_\_\_\_\_  
(6) Deployed, unknown event  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

40. Longitudinal Component of + 000Delta V For Air Bag  
Deployment Impact

- (\_000) Not equipped/not available  
*Code the value of the delta V for the impact that initiated the air bag deployment*  
(\_996) Deployment, unknown longitudinal Delta V  
(\_997) Not deployed  
(\_998) Unknown if deployed  
(\_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

- (0) Not equipped/not available  
(1) No  
(2) Yes  
(3) Deployed, unknown if flap(s) opened at designated tear points  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

- (0) Not equipped/not available  
(1) No  
(2) Yes (specify):  
(3) Deployed, unknown if air bag module cover flap(s) damaged  
(7) Not deployed  
(8) Unknown if deployed  
(9) Unknown

43. Was There Damage To The Air Bag? 00

- (00) Not equipped/not available  
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured  
(03) Cut  
(04) Torn  
(05) Holed  
(06) Burned  
(07) Abraded  
(88) Other damage (specify):  
\_\_\_\_\_

- (95) Damaged, details unknown  
(96) Deployed, unknown if damaged  
(97) Not deployed  
(98) Unknown if deployed  
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM  
EVALUATION** *continued*

44. Source of Air Bag Damage 00  
 (00) Not equipped/not available  
 (01) Not damaged  
 (02) Object worn by occupant, (specify):  
 (03) Object carried by occupant, (specify):  
 (04) Adaptive/assistive controls, (specify):  
 (05) Fire in vehicle  
 (06) Thermal burns  
 (07) Rescue or emergency efforts  
 (08) Other damage source (specify):  
 (95) Damaged, unknown source  
 (96) Deployed, unknown if damaged  
 (97) Not deployed  
 (98) Unknown if deployed  
 (99) Unknown
45. Was The Air Bag Tethered? 0  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of tether straps):  
 (3) Deployed, unknown if tethered  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 0  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify number of vent ports):  
 (3) Deployed, unknown if vent ports present  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0  
 (0) Not equipped/not available  
 (1) No  
 (2) Yes (specify):  
 (3) Deployed, unknown if other occupant contact to air bag  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 0  
 (0) Not air bag equipped/air bag not available  
 (1) No  
 (2) Eyeglasses/sunglasses  
 (3) Contact lenses  
 (4) Deployed, unknown if eyewear worn  
 (7) Not deployed  
 (8) Unknown if deployed  
 (9) Unknown

**HEAD RESTRAINT AND SEAT EVALUATION**

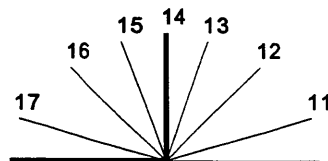
49. Head Restraint Type/Damage by Occupant at This Occupant Position 0  
 (0) No head restraints  
 (1) Integral—no damage  
 (2) Integral—damaged during accident  
 (3) Adjustable—no damage  
 (4) Adjustable—damaged during accident  
 (5) Add-on—no damage  
 (6) Add-on—damaged during accident  
 (8) Other (specify):  
 (9) Unknown
50. Seat Type (this Occupant Position) 05  
 (00) Occupant not seated or no seat  
 (01) Bucket  
 (02) Bucket with folding back  
 (03) Bench  
 (04) Bench with separate back cushions  
 (05) Bench with folding back(s)  
 (06) Split bench with separate back cushions  
 (07) Split bench with folding back(s)  
 (08) Pedestal (i.e., column supported)  
 (09) Box mounted seat (i.e., van type)  
 (10) Other seat type (specify):  
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1  
 (0) Occupant not seated or no seat  
 (1) Forward facing seat  
 (2) Rear facing seat  
 (3) Side facing seat (inward)  
 (4) Side facing seat (outward)  
 (8) Other (specify):  
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 1  
 (0) Occupant not seated or no seat  
 (1) Non-adjustable seat track
- Adjustable Seat Track*  
 (2) Seat at forward most track position  
 (3) Seat between forward most and middle track positions  
 (4) Seat at middle track position  
 (5) Seat between middle and rear most track positions  
 (6) Seat at rear most track position  
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 01

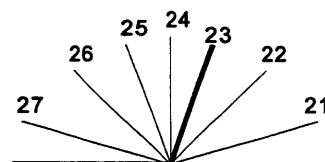
- (00) Occupant not seated or no seat  
 (01) Not adjustable

***Upright prior to impact***

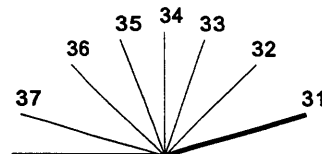
- (11) Moved to completely rearward position  
 (12) Moved to rearward midrange position  
 (13) Moved to slightly rearward position  
 (14) Retained pre-impact position  
 (15) Moved to slightly forward position  
 (16) Moved to forward midrange position  
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position  
 (22) Moved to rearward midrange position  
 (23) Retained pre-impact position  
 (24) Moved to upright position  
 (25) Moved to slightly forward position  
 (26) Moved to forward midrange position  
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position  
 (32) Moved to rearward midrange position  
 (33) Moved to slightly rearward position  
 (34) Moved to upright position  
 (35) Moved to slightly forward position  
 (36) Moved to forward midrange position  
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat  
 (1) No seat performance failure(s)  
 (2) Seat adjusters failed  
 (3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_  
 (4) Seat track/anchors failed  
 (5) Deformed by impact of occupant  
 (6) Deformed by passenger compartment intrusion, (specify): \_\_\_\_\_  
 (7) Combination of above (specify): \_\_\_\_\_  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

## CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS  
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):  
\_\_\_\_\_

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):  
\_\_\_\_\_

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00

(00) No child safety seat

*Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):  
\_\_\_\_\_

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):  
\_\_\_\_\_

(19) Unknown orientation

*Unknown Design or Orientation For This  
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):  
\_\_\_\_\_

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0059. Child Safety Seat Shield Usage 0060. Child Safety Seat Tether Usage 00Note: Options below applicable to  
Variables OA58-OA60.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*(01) After market harness/shield/tether  
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market  
harness/shield/tether added(09) Unknown if harness/shield/tether  
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used



**INJURY CONSEQUENCES**61. Injury Severity (Police Rating) 0

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 0

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):  
\_\_\_\_\_

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):  
\_\_\_\_\_
- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 0

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):  
\_\_\_\_\_
- (9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
- \_\_\_\_\_ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 99

- \_\_\_\_\_ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

**STOP WORK HERE****VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

**TO BE CODED BY THE ZONE CENTER****INJURY CONSEQUENCES****66. Time to Death**00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal  
(96) Fatal - ruled disease  
(99) Unknown

**67. 1st Medically Reported Cause of Death**00**68. 2nd Medically Reported Cause of Death**00**69. 3rd Medically Reported Cause of Death**00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes  
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

**70. Number of Recorded Injuries for This Occupant**60

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries  
(97) Injured, details unknown  
(99) Unknown if injured

**TRAUMA DATA****71. Glasgow Coma Scale (GCS) Score (at Medical Facility)**00

- (00) Not injured  
(01) Injured - not treated at medical facility  
(02) No GCS Score at medical facility  
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.  
(97) Injured, details unknown  
(99) Unknown if injured

**72. Was the Occupant Given Blood?**1

(1) No - blood not given

(2) Yes - blood given

(specify units):

(9) Unknown if blood given

**73. Arterial Blood Gases (ABG) - HCO<sub>3</sub>**00

- (00) Not injured  
(01) Injured, ABGs not measured or reported  
(02-50) Code the actual value of the HCO<sub>3</sub>  
(96) ABGs reported, HCO<sub>3</sub> unknown  
(97) Injured, details unknown  
(99) Unknown if injured

**BELT USE DETERMINATION****74. Primary Source of Belt Use Determination**1

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Vehicle inspection

(2) Official injury data

(3) Driver/occupant interview

(8) Other (specify):

(9) Unknown if belt used

PSU NUMBER

09

CASE NUMBER

003K

VEHICLE NUMBER

02

OCCUPANT NUMBER

01

# OCCUPANT INJURY FORM

*THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:*

☒ ENTIRE FORM

☐ PAGE NUMBER (S) \_\_\_\_\_



# SMASH PROGRAM SUMMARY

(All Measurements in Metric)

BEST AVAILABLE

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

## Identifying Title

09 003K 01 196  
Primary Case No.-Stratum Accident Event Date (Month, day, year) of Run  
Sampling Unit Sequence No.

## GENERAL INFORMATION

VEHICLE 1		VEHICLE 2	
NASS Vehicle Number	<u>01</u>	NASS Vehicle Number	<u>02</u>
Year	<u>1984</u>	Year	<u>1981</u>
Make	<u>Pontiac</u>	Make	<u>Ford</u>
Model	<u>Sunbird 2000</u>	Model	<u>F-250</u>
Body Style	<u>45</u>	Body Style	<u>PV</u>
CDC	<u>01 FREN1</u>	CDC	<u>01 RBEW2</u>
PDOF	<u>0030°</u>	PDOF	<u>0830°</u>
Heading Angle	<u>0315°</u>	Heading Angle	<u>0130°</u>

## VEHICLE SPECIFICATIONS

VEHICLE 1		VEHICLE 2	
Wheelbase	<u>257</u> cm	Wheelbase	<u>338</u> cm
Overall Length	<u>447</u> cm	Overall Length	<u>529</u> cm
Overall Width	<u>124</u> cm	Overall Width	<u>196</u> cm
Weight	<u>1103 + 334 + 0 = 1437</u> kg	Weight	<u>1751 + 80 + 14 = 1845</u> kg
Curb Occupant(s) Cargo		Curb Occupant(s) Cargo	
Engine Displacement	<u>1.8</u> L	Engine Displacement	<u>4.9</u> L
Drive System	<u>FWD</u>	Drive System	<u>RWD</u>
Size	<u>2</u>	Size	<u>6</u>
Stiffness	<u>9</u>	Stiffness	<u>6</u>

## DAMAGE INFORMATION

VEHICLE 1		VEHICLE 2	
Damage Known?	<u>Y</u>	Damage Known?	<u>Y</u>
Damage Length	<u>151</u> cm	Damage Length	<u>251</u> cm
Damage Offset	<u>0053</u> cm	Damage Offset	<u>0158</u> cm
Crush Depth:		Crush Depth:	
C1	<u>000</u> cm	C1	<u>006</u> cm
C2	<u>000</u> cm	C2	<u>015</u> cm
C3	<u>000</u> cm	C3	<u>001</u> cm
C4	<u>000</u> cm	C4	<u>011</u> cm
C5	<u>005</u> cm	C5	<u>000</u> cm
C6	<u>021</u> cm	C6	<u>000</u> cm

**SCENE INFORMATION**Rest and Impact Positions ☐ No ☐ Yes

## VEHICLE 1

Rest X \_\_\_\_\_ m  
 Position Y \_\_\_\_\_ m  
 Heading Angle \_\_\_\_\_ °  
 Impact X \_\_\_\_\_ m  
 Position Y \_\_\_\_\_ m  
 Heading Angle \_\_\_\_\_ °  
 Slip Angle (-180 to +180) \_\_\_\_\_ °

## VEHICLE 2

Rest X \_\_\_\_\_ m  
 Position Y \_\_\_\_\_ m  
 Heading Angle \_\_\_\_\_ °  
 Impact X \_\_\_\_\_ m  
 Position Y \_\_\_\_\_ m  
 Heading Angle \_\_\_\_\_ °  
 Slip Angle (-180 to +180) \_\_\_\_\_ °

**VEHICLE MOTION**Sustained Contact ☐ No ☐ Yes

## VEHICLE 1

Vehicle Rotation ☐ No ☐ Yes  
 Rotation Stop Before Rest ☐ No ☐ Yes  
 End of Rotation X \_\_\_\_\_ m  
 Position Y \_\_\_\_\_ m  
 Heading Angle \_\_\_\_\_ °

Curved Path ☐ No ☐ Yes

Point on Path

X \_\_\_\_\_ m Y \_\_\_\_\_ m

Rotation Direction ☐ None ☐ CW ☐ CCWRotation >360° ☐ No ☐ YesSustained Contact ☐ No ☐ Yes

## VEHICLE 2

Vehicle Rotation ☐ No ☐ Yes  
 Rotation Stop Before Rest ☐ No ☐ Yes  
 End of Rotation X \_\_\_\_\_ m  
 Position Y \_\_\_\_\_ m  
 Heading Angle \_\_\_\_\_ °

Curved Path ☐ No ☐ Yes

Point on Path

X \_\_\_\_\_ m Y \_\_\_\_\_ m

Rotation Direction ☐ None ☐ CW ☐ CCWRotation >360° ☐ No ☐ Yes**FRICTION INFORMATION**

Coefficient of Friction \_\_\_\_\_

Rolling Resistance Option \_\_\_\_\_

1

## Vehicle 1 Rolling Resistance

LF \_\_\_\_\_  
 RF \_\_\_\_\_  
 LR \_\_\_\_\_  
 RR \_\_\_\_\_

## Vehicle 2 Rolling Resistance

LF \_\_\_\_\_  
 RF \_\_\_\_\_  
 LR \_\_\_\_\_  
 RR \_\_\_\_\_

IF THIS COMMON IMPACT WAS WITH A CDS VEHICLE *NOT IN TRANSPORT*, FILL IN THE INFORMATION BELOW.

Model Year: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

VIN: \_\_\_\_\_

The Weight, CDC, Scene Data and Damage Information for this vehicle should be recorded above.

**Complete and ATTACH the appropriate****damage sketch and dimensions to the form.**

## General Information

PSU09 003K ZC1 RE-RUN

	<u>Vehicle 1</u>	<u>Vehicle 2</u>
Year:	1984	1981
Make:	Pontiac	Ford
Model:	Sunbird	F250
Body Style:	4S	PU
CDC:	01FREN1	01RBEW2
Damaged Side:		
PDOF:	30°	20°
Heading Angle:	315°	130°

## Vehicle Information

	<u>Vehicle 1</u>	<u>Vehicle 2</u>
Wheelbase:	257.0 cm	338.0 cm
Length:	447.0 cm	529.0 cm
Width:	174.0 cm	196.0 cm
Weight:	1437.0 kg	1845.0 kg
Center of Gravity:	211.6 cm	264.7 cm
Radius of Gyration:	134.1 cm	158.7 cm
D0:	99.2 sqrt(N)	54.5 sqrt(N)
D1:	6.5 sqrt(N)/cm	5.7 sqrt(N)/cm
Size Category:	2	6
Stiffness Category:	9	6

Vehicle 1: Used d0 and d1 values estimated from the vehicle size.

Vehicle 2: Used d0 and d1 values estimated from the vehicle size.

PSU09 003K ZC1 RE-RUN  
WinSMASH 1.1.0

## Damage Information

	<u>Vehicle 1</u>	<u>Vehicle 2</u>
Damage Length:	151.0 cm	251.0 cm
Damage Offset:	53.0 cm	-158.0 cm
Field L - D:	0.0 cm	0.0 cm
C1:	0.0 cm	6.0 cm
C2:	0.0 cm	15.0 cm
C3:	0.0 cm	1.0 cm
C4:	0.0 cm	11.0 cm
C5:	5.0 cm	0.0 cm
C6:	21.0 cm	0.0 cm

## Summary of Results Using Damage

### Vehicle 1

	Speed Change (Damage)
Total:	12.5 km/h
Longitudinal:	-10.8 km/h
Latitudinal:	-6.2 km/h
PDOF:	30°

Energy Dissipated: 11,686 Joules

Barrier Equivalent Speed: 11.5 km/h

Used d0 and d1 values estimated from the vehicle size.

### Vehicle 2

	Speed Change (Damage)
Total:	9.7 km/h
Longitudinal:	-9.1 km/h
Latitudinal:	-3.3 km/h
PDOF:	20°

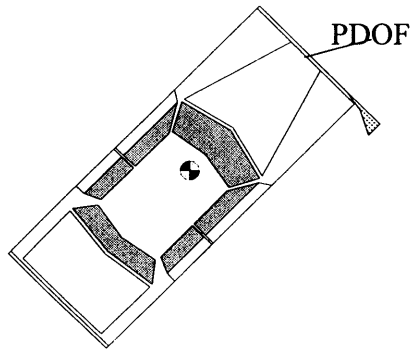
Energy Dissipated: 10,683 Joules

Barrier Equivalent Speed: 10.7 km/h

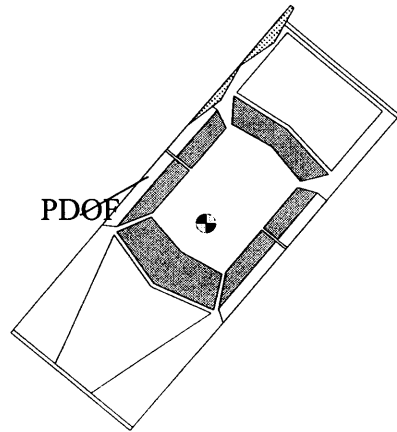
Used d0 and d1 values estimated from the vehicle size.



## Damage



1984 Pontiac Sunbird 4S



1981 Ford F250 PU

09003K00000011	969.00000000000000221190000002	96	96	96	96010191000
001000000001019106	0306				
09003K000010012	969.00100000000000102F0231R				
09003K000020012	969.00100000000000102T3100N				
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0211222000010150032198					
09003K01000022	9.00 00000000001050500011000000203131620099799700005999			999 99	
9999999909997302					
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000000000000031101100000000000000000970000000000001001					
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0211222000990554011198					
09003K02000022	9.00 00000000001010100017500100000000000013031500001010-009-00				
5013499810090301					
09003K02000031	9.00 000000000010101RBEW02			251006015001011000000-	
158	99824233817001000401050101001000				
09003K02000041	9.00 0000000000011000000001220020211100203111001011100101				
09003K02000042	9.00 0000000000				
1000000021200010					
09003K02010051	9.00 000000000037199999911190000094000010000090000000000000 00				
000000000000051101100000000000000000990000000000001001					
09003K00000066	9.00 0000000000TWO CAR, ROLLOVER				
09003K00000171	9.00 0000000000Vehicle one was traveling north on a two lane				
undivided road. Vehicle two					
09003K00000271	9.00 0000000000was stopped on the north-bound road edge, part				
ially in the road, facing					
09003K00000371	9.00 0000000000south. The front of vehicle one struck the ri				
ght side of vehicle two. V1					
09003K00000471	9.00 0000000000then rolled over one-half turn, coming to res				
t in the north-bound lane.					
09003K00000571	9.00 0000000000Both vehicles were towed due to damage. One o				
ccupant of V1 was transported					
09003K00000671	9.00 0000000000with "B" injuries.				

INTERIOR VEHICLE Vehicle: 1

11

INTRA ERRORS

POSSIBLE HOLED WINDSHIELD. \*\*\*\*\* OCC0541 2 \*\*\*\*\* THIS CASE SHOWS A  
IF CORRECT, NOTIFY YOUR ZONE \*\*\*\*\* CC0542 \*\*\*\*\* CHECK YOUR DATA AND  
als 3 or 5 or CONTACT WINDSHIELD IV39 CC0543 GLAZING WINDSHIELD IV31 equ  
CC0544 equals 4 or 6.

CC0921 2 If GLAZING RIGHT FRONT IV33 equals 6, then CONTACT RIGHT FRONT  
CC0922 IV41 should not equal 9.

0  
OCCUPANT INJURY Vehicle: 1 Occupant: 2

11

INTRA ERRORS

IS A SPECIAL INTEREST CASE FOR NHTSA \*\*\*\*\* OTT0541 2 \*\*\*\*\* THIS  
SE SHOWS A RESTRAINT AS THE INJURY SOURCE \*\*\*\*\* TT0542 \*\*\*\*\* THIS CA  
FOR AN AIS-2 (OR GREATER) INJURY. \*\*\*\*\* TT0543 \*\*\*\*\*  
R ACCURATE AND COMPLETED DOCUMENTS & DATA \*\*\*\*\* TT0544 \*\*\*\*\* CHECK FO  
ER THAN AIS-2, CALL \*\*\*\*\* TT0545 \*\*\*\*\* IF GREAT  
I12(n) equals 152-154, 162 or 170-195 and A.I.S. TT0546 INJURY SOURCE O  
) equals 2-6. TT0547 SEVERITY OI10(n

011  
INTER ERRORS

0AH0051 2 If CASE AC02(4) equals C, D, J or K, then at least on  
e POLICE AH0052 SEVERITY OA61 should equal 3.

01  
PSU09 ERROR SUMMARY SCREEN  
CASE 003K  
CURRENT VERSION: 9.00

96

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	0	Y
General Vehicle	0	0	0	Y
Vehicle Exterior	0	0	0	Y
Vehicle Interior	0	0	2	Y
Occupant Assessment	0	0	0	Y
Occupant Injury	0	0	1	Y
Total Inter Errors		0	1	
Total Case Errors	0	0	4	

0

OK

09003K00000011	969.04000000000000221190000002	96	96	97	960156120
00100000001561206	0306				
09003K00010012	969.0410000000000102F0231R				
09003K00020012	969.0410000000000102T3100N				
09003K01000021	9.04 000000000842201604162AB6901E7			0199906409600	
0211222000010150032198					
09003K01000022	9.04 000000000105050001100000203131620099799700005999			999	
9999999909997302					
09003K01000031	9.04 000000000023100TYDD04010201FREE01				
15100000000000005021+05399803625714001000301040101001000					
09003K01000041	9.04 00000000012331300000012222202122221013161610111911101				
09003K01000042	9.04 00000000013133113162113062123132113142113072311161111				
12131512111311220000010700010					
09003K01010051	9.04 00000000017118006611100000044041110000040000000000000				
000000000001011514100000000000006500150000000002021011					
09003K01010161	9.04 0000000007640278156032300				
09003K01010261	9.04 0000000007640478176032300				
09003K01020051	9.04 00000000019216805421300000044041110000040000000000000				
000000000001011314100000000000023105990000000004159011					
09003K01020161	9.04 0000000007190600192042105				
09003K01020261	9.04 0000000003490202191521100				
09003K01020361	9.04 0000000003450804241522100				
09003K01020461	9.04 0000000002160602202042105				
09003K01030051	9.04 00000000020117006822100000043000000000040000000000000				
000000000000031101100000000000006500970000000001021011					
09003K01030161	9.04 0000000007640678186032300				
09003K01040051	9.04 00000000018218007322200000043000000000040000000000000				
0000000000000311011000000000000000097000000000001001					
09003K01050051	9.04 00000000021118007322300000043000000000040000000000000				
0000000000000311011000000000000000097000000000001001					
09003K02000021	9.04 0000000008112481311FTEF25E4BN			0199906409600	
0211222000990554011198					
09003K02000022	9.04 000000000101010001750010000000000013031500001010-009-				
3010799810110301					
09003K02000031	9.04 00000000010101RBW02			25100601500101100000	
158	99824233817001000401050101001000				
09003K02000041	9.04 00000000000110000000012200202111002031110010111100101				
09003K02000042	9.04 000000000				
1000000021200010					
09003K02010051	9.04 00000000037199999911190000094000010000090000000000000				
000000000000051101100000000000000000990000000000001001					
09003K00000066	9.04 000000000TWO CAR, ROLLOVER				
09003K00000171	9.04 000000000Vehicle one was traveling north on a two lan				
undivided road.	Vehicle two				
09003K00000271	9.04 000000000was stopped on the north-bound road edge, pa				
ially in the road, facing					
09003K00000371	9.04 000000000south. The front of vehicle one struck the				
ght side of vehicle two. V1					
09003K00000471	9.04 000000000then rolled over one-half turn, coming to r				
t in the north-bound lane.					
09003K00000571	9.04 000000000Both vehicles were towed due to damage. One				
ccupant of V1 was transported					
09003K00000671	9.04 000000000with "B" injuries.				
09003K00000181	9.04 00000000001 Compact			1984 Pontiac Sunbird Top	
Severe	None				
09003K00000281	9.04 000000000		</		

INTERIOR VEHICLE Vehicle: 1

11

INTRA ERRORS

POSSIBLE HOLED WINDSHIELD. \*\*\*\*\* OCC0541 2 \*\*\*\*\* THIS CASE SHOWS  
IF CORRECT, NOTIFY YOUR ZONE \*\*\*\*\* CC0542 \*\*\*\*\* CHECK YOUR DATA AN  
als 3 or 5 or CONTACT WINDSHIELD IV39 CC0543 GLAZING WINDSHIELD IV31 e  
CC0544 equals 4 or 6.

CC0921 2 If GLAZING RIGHT FRONT IV33 equals 6, then CONTACT RIGHT FRONT  
CC0922 IV41 should not equal 9.

0

OCCUPANT INJURY Vehicle: 1 Occupant: 2

11

INTRA ERRORS

IS A SPECIAL INTEREST CASE FOR NHTSA \*\*\*\*\*  
SE SHOWS A RESTRAINT AS THE INJURY SOURCE \*\*\*\*\*  
FOR AN AIS-2 (OR GREATER) INJURY. \*\*\*\*\*  
R ACCURATE AND COMPLETED DOCUMENTS & DATA \*\*\*\*\*  
ER THAN AIS-2, CALL \*\*\*\*\*  
I12(n) equals 152-154, 162 or 170-195 and A.I.S.  
) equals 2-6.

OTT0541 2 \*\*\*\*\* TH  
TT0542 \*\*\*\*\* THIS  
TT0543 \*\*\*\*\*  
TT0544 \*\*\*\*\* CHECK  
TT0545 \*\*\*\*\* IF GRE  
TT0546 INJURY SOURCE  
TT0547 SEVERITY 0110

011

INTER ERRORS

e POLICE OAH0051 2 If CASE AC02(4) equals C, D, J or K, then at least  
AH0052 SEVERITY 0A61 should equal 3.

01

PSU09

ERROR SUMMARY SCREEN

97

CASE 003K

CURRENT VERSION: 9.04

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	0	Y
General Vehicle	0	0	0	Y
Vehicle Exterior	0	0	0	Y
Vehicle Interior	0	0	2	Y
Occupant Assessment	0	0	0	Y
Occupant Injury	0	0	1	Y
Total Inter Errors		0	1	
Total Case Errors	0	0	4	

0

## SLIDE INDEX

**NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM**

Primary Sampling Unit Number 09

Case Number—Stratum 003k

[illegible]

[illegible]



PSU 09-003K (1996) #1





PSU 09-003K (1996) #2



PSU 09-003K (1996) #3



PSU 09-003K (1996) #4



PSU 09-003K (1998) #5



PSU 09-003K (1996) #6



PSU 09-003K (1996) #7



PSU 09-003K (1996) #8



PSU 09-003K (1996) #9





PSU 09-003K (1996) #10



PSU 09-003K (1996) #11



**PSU 09-003K (1996) #12**  
**Best Available**



PSU 09-003K (1996) #13  
Best Available



PSU 09-003K (1996) #14  
Best Available



**PSU 09-003K (1996) #15**  
**Best Available**



PSU 09-003K (1996) #16



**PSU 09-003K (1996) #17**  
**Best Available**





**PSU 09-003K (1996) #18**  
**Best Available**



**PSU 09-003K (1996) #19**  
**Best Available**



**PSU 09-003K (1996) #20**  
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**PSU 09-003K (1996) #21**  
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PSU 09-003K (1996) #26



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PSU 09-003K (1996) #28



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PSU 09-003K (1996) #30



PSU 09-003K (1996) #31



PSU 09-003K (1996) #32  
Best Available



**PSU 09-003K (1996) #33**  
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PSU 09-003K (1996) #42



PSU 09-003K (1996) #43



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**PSU 09-003K (1996) #45**  
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PSU 09-003K (1996) #63  
Best Available



**PSU 09-003K (1996) #64**  
**Best Available**



PSU 09-003K(1996) #65





PSU 09-003K (1996) #66  
Best Available



PSU 09-003K (1996) #67  
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PSU 09-003K (1996) #68



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PSU 09-003K (1996) #70



PSU 09-003K (1996) #71  
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PSU 09-003K (1996) #75



PSU 09-003K (1996) #76  
Best Available



PSU 09-003K(1996) #77  
Best Available